

**PRIVATE DINNERS, PUBLIC FAMILIES:
LOW-INCOME MOTHERS' ACCOUNTS OF FAMILY FOODWORK**

by
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Abstract

While diet-related chronic diseases disproportionately affect poor and minority populations in the United States, available data also show that not all low-income individuals in communities with limited access to healthful foods have low-quality diets and poor health. To solve this puzzle and improve the development of policies and programs that reduce health disparities, an in-depth understanding of why equally disadvantaged mothers engage in markedly different food behaviors is needed. This dissertation investigates how social inequality produces health disparities by examining low-income mothers' accounts of family foodwork. The analyses in this dissertation focus on the interactions between individual social actors and the structural constraints they encounter in carrying out the work of family feeding.

Four bodies of existing theory form the theoretical foundation of this dissertation: consumption and dignity, the life course perspective, fundamental cause of disease theory, and household production theory. Data for this study come from two distinct sources that use qualitative methods to gather details about everyday life of families living in poverty. The first data source is the Welfare, Children, and Families: A Three-City Study, the second is the Baltimore Family Foodwork Study. Primary and secondary qualitative data from these sources are combined in the analysis.

The following findings from this dissertation broaden our understanding of how social inequality, in addition to financial poverty, produces health disparities throughout the life course. First, while low-income mothers are generally aware of healthy eating principles, social consumption expectations play an important role in shaping their actual food choices, which may go against healthy eating principle. Second, childhood family

experiences have lasting effects on family food practices across generations; the negative consequences of abuse during childhood, which can lead to wide range of risky health behaviors, also influence how mothers monitor family nutrition. Third, time scarcity is an important yet neglected issue in current discussions about diet and health disparities. Fourth, mothers' narratives of their food procurement practices reveal that the notion of "food desert" does not fully capture the complexity of food access challenges in low-income communities. The conclusion discusses policy and practice implications for those working to improve the health of low-income families.

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Chapter 1: Introduction

Motivation for Study

Talk of food in the context of family feeding and meal events often evoke deeply personal meanings that touch on: personal freedom (Mintz 1996; Williams-Forson 2006); empowerment and control over one's life (Sukovic et al. 2011; Williams-Forson 2006); intergenerational transmission of family or ethnic traditions (Beoku-Betts 1995; DeVault 1991; Devine et al. 1999); and love and care for the family (Ahye, Devine, and Odoms-Young 2006; Cairns, Johnston, and MacKendrick 2013; Charles and Kerr 1988; DeVault 1991; Devine and Olson 1992; Miller 1998). It is with the appreciation for the multiple overlapping meanings associated with family feeding that I produce this dissertation. This original study investigates how social inequality produces health disparities by examining low-income mothers' narratives of family foodwork.

This study is based on the experiences and perspectives of female caregivers for two reasons. First, while men have increased their participation in housework, women have remained central in the work of family feeding (Coltrane 1989; Harnack et al. 1998); as a result, much of family feeding research has focused on mothers' experiences (DeVault 1991; McIntosh and Zey 1989). Second, women have a special relationship to food and feeding; through pregnancy and infant feeding, women are intimately familiar with child feeding practices (Copelton 2007; Esterik 1999; Lee 2007; Murphy 1999). In this age of intensive mothering (Hays 1996), the idea that a good mother is one who goes to great lengths to feed her child according to expert guidance has become a socially accepted mother role expectation that informs women's view of themselves as mothers; such expectation has been shown to directly inform child feeding practices (Cairns et al.

2013; Copelton 2007). At this point, the general public is inclined to view a child's health as the direct result of mothering practices, and it is expected that each mother makes it their personal responsibility in ensuring their children's health (Zivkovic et al. 2010). These social expectations are an important factor in how mothers think about family feeding.

My interest in low-income mothers' family foodwork practices stems from an interest in how the public engages mothers in childhood obesity prevention, it is also motivated by the desire to make original contributions to the literature on low-income women and family foodwork. It is true that obesity and diet-related chronic diseases disproportionately affect low-income and minority populations, but they have risen across all socioeconomic strata and ethnic groups (Wang and Beydoun 2007). While nutritionists, public health advocates and practice-oriented academics encourage all parents to engage in diet-related health promotion efforts at home (Lindsay et al. 2006), such general recommendations rarely take into consideration the larger challenge of feeding children with very little money, few resources, and very stressful and demanding life circumstances such as those faced by the sample members of this study. The academic literature offers little to convince public opinion otherwise: empirical research on low-income mothers' food-related practices has focused on their lack of resources (financial or knowledge) as an obstacle to healthy eating. The focus on structural hardship in the literature has neglected the roles of individual agency (human action) and the interaction between structure and agency in the production of family food events. Few researchers have explicitly explored how child feeding informs low-income mothers' sense of self in ways that research on middle class mothers has done (Johnson et al.

2011). That said, several recent studies have explored how other parenting practices relate to low-income mothers' perceived identity as good mothers (Elliott, Powell, and Brenton 2013; Hagelskamp et al. 2011; Romagnoli and Wall 2012), and I add to this emerging body of literature by examining low-income mothers' foodwork practices.

This dissertation is based on the experiences of low-income mothers who rely on government nutrition assistance benefits to feed their children. By tracing the steps that low-income mothers take to produce family meals, this dissertation explains how social inequality produces health disparities in America. It also offers explanations for why low-income mothers make unhealthy food choices even when they possess knowledge about child nutrition. With a more nuanced understanding of how low-income mothers come to view the work of food provision, this dissertation furthers current knowledge about how poverty shapes foodwork practices and hope that the findings can be used to improve the design and implementation of nutrition interventions programs.

Low-income people experience both hunger and obesity at higher rates than high-income groups in America. Poverty at the individual level certainly places constraints on how one makes food decisions in a market-based consumer society, but poverty is not the only determinant of foodwork outcomes. Rather than focusing only on how poverty operates as an obstacle to healthy eating, I examine mothers' responses to structural constraints to understand how certain foodwork outcomes are produced. I find that a person's access to non-monetary resources (e.g. social support, sharing of child care responsibility) in their social networks can ameliorate some of the negative effects of social inequality. The data also suggest that disadvantaged women use foodwork as an empowerment tool to reclaim dignity of the self when their interactions with more

powerful groups wear them down. Through narratives of family foodwork, we learn how individual social agents view and respond to structural inequality, and it is through the daily interactions between agency and structure that social inequality produce health disparity in America. This introductory chapter presents a review of literature on poverty and its effects on diet and health, mothers' and family foodwork, along with theoretical considerations that inform the analyses. This chapter concludes with an overview of the dissertation.

Poverty and Its Relationship to Food

The hunger-obesity paradox. Obesity is a risk factor of other chronic diseases such as Type 2 diabetes and coronary heart diseases.¹ Recent estimates show that than 68 percent of American adults over the age of 20 are considered overweight or obese (Flegal, Carroll, Kit et al. 2012). Risk factors for obesity range from genetics, health behaviors and environmental factors (Fishbein 2001). Poor diet and low physical activity levels are also frequently cited as key causative factors (Centers for Disease Control, 2011). Low-income populations are often concentrated in urban communities that lack amenities such as parks, recreation centers, and well-stocked grocery stores – all are necessary infrastructures that enable individuals to exercise and maintain a healthy diet.

Compounding the physical burden of chronic health problems and financial strain is the fact that low-income households are also more likely to experience food insecurity, meaning that the households experience “reduced quality, variety, or desirability of diet,

¹ Despite ongoing debates on this topic, the American Medical Association formally recognized obesity as a disease in 2013 (American Medical Association 2013). The implication of this categorization on the treatment and prevention of obesity remains unclear. In a recent paper, Hoyt and colleagues have found the disease message predicts lower body image dissatisfaction (which could reduce the stigma of being obese) but higher calorie intake among the already obese (Hoyt, Burnette, and Auster-Gussman 2014). In an editorial piece in the journal *Childhood Obesity*, Katz (Katz 2014) cautions that the disease categorization will focus attention on treatment of obesity the disease rather than the prevention of obesity in children.

with or without indication of reduced food intake” (Coleman-Jensen, Nord, and Singh n.d.). Low-income households regularly report food as the second largest expense in their family budget, low-income families can spend as high as 30 percent of their monthly income on food (Edin and Lein 1997; Stewart and Blisard 2008), compared to non-poor households which spend 11.4 percent of their income on food (Bureau of Labor Statistics n.d.). The paradoxical association between hunger (insufficient food intake) and obesity (excessive calorie intake) was first proposed by Dietz (Dietz 1995) and has since been examined by others. While the hunger-obesity paradox has been consistently found in adult women, with growing evidence in adolescents aged 10-15, the association is far less certain for men and children under 10 (Dinour, Bergen, and Yeh 2007; Franklin et al. 2012).

The fact that overweight and obesity disproportionately burden disadvantaged groups is well-documented; low-income, African American and Hispanic populations are affected more by excessive weight than other groups. For example, African American and Hispanic women are far more likely than women of other ethnic groups to be overweight or obese (Baskin et al. 2005). The disparity among children aged 0-19 is particularly troubling, as overweight or obese children have lower academic performance (Crosnoe and Muller 2004); grow up to become obese adults and develop chronic health diseases that require long-term medical attention. Close to 17 percent of all American children under the age of 19 are now obese, but the prevalence rate is especially high among ethnic minority and disadvantaged children. For example, 29.7 percent of non-Hispanic black girls and 26.7 percent of Mexican-American boys are considered obese, compared to 11.7% non-Hispanic white girls and 16.1% non-Hispanic white boys

(Ogden and Carroll 2010; Ogden, Carroll, Kit, et al. 2012). Children from low-income and low-education households have 3.4 to 4.3 times higher odds of becoming obese than children from higher socioeconomic households (Sing, Siapush and Kogan, 2010). While this dissertation is not about obesity per se, the findings from this dissertation is directly relevant this issue of national concern.

Public response to the obesity-hunger paradox. Representatives of the food industry readily place the responsibility of healthy eating on individual consumers: “individual consumers are the most important player in the solution to the obesity epidemic because they make individualized choices about food and lifestyle” (Verduin, Agarwal, and Waltman 2005).

While the federal government has increased its attention to obesity in recent years, it should be noted that the government has long been pursuing the dual goal of alleviating hunger and improving diet quality of low-income families with children. Federal funding for nutrition education has remained steady even at times of ongoing budget cuts. During the 2013 fiscal year, \$62 million dollars of federal funding were allocated for the Expanded Food and Nutrition Education Program (EFNEP), which dates back to 1969. In addition, there is the Supplemental Nutrition Assistance Education (SNAP-Ed) program, which dates back to 1992 when it distributed \$661,000 to seven states; in 2013 the program received \$285 million in federal funding². Both EFNEP and SNAP-Ed deliver nutrition education to low-income people, EFNEP focuses on households with children and SNAP-Ed is designed to deliver nutrition education to

² While absolute amounts of these funds appear small for the scale of the federal budget, the persistent increase in funding is in direct contrast to the decrease in food assistance benefits. On November 1, 2013 the Supplemental Nutrition Assistance Program (SNAP, colloquially referred to as food stamp) experienced a decrease of 13.1 percent (Rosenbaum and Keith-Jennings n.d.).

anyone eligible for federal nutrition assistance benefits. Both programs share the general goals of: increasing the daily consumption of fruits and vegetables, whole grains, and fat-free or low-fat milk products; increase physical activity level; and balance calorie intake with calorie expended. It should be noted that these government-sponsored efforts also focus on the responsibility of individual consumers.

However, the actual effectiveness of nutrition education programs remains unclear. Recipients of federal nutrition education grants (typically cooperative extension services at land-grant universities or community based organizations) regularly report overall success in encouraging behavioral change in program participants across the life span (Chipman 2013; Hersey et al. 2014), but such evaluation reports have been criticized for the relatively small and likely biased study samples (McGeary 2009). Furthermore, even internal program evaluations report that participation in such programs do not always lead to sustained consumption change at home (Chipman 2013). Analyses of national data have found no conclusive results for the effectiveness of educational programs in lowering body weight of low-income adults (McGeary 2009). In short, educational programs possess unverified potential for reversing the trends of overweight, obesity, and chronic diseases among the poor.

To the disappointment of those working to develop nutrition education and behavioral intervention programs, it is difficult achieve long-term change in individual food behavior through passive nutrition education (Arnold and Sobal 2000; Guthrie, Derby, and Levy 1999; McGeary 2009). Numerous structural level factors also directly influence the how food decisions are made.

How structural limitations shape food and eating practices. In the process of developing this dissertation project, I reviewed a large number of publications on the topics of food, poverty, and motherhood from the fields of anthropology, sociology, nutrition, and public health. The majority of work by social scientists and public health researchers have examined food insecurity and food choices primarily through the lens of structural limitations, such as financial hardship (Broussard, Joseph, and Thompson 2012; Edin et al. 2013; Heflin, London, and Scott 2011; Seefeldt and Castelli 2009); or environmental limitations related to neighborhood level poverty (Morland et al. 2002; Schulz et al. 2005; Zenk et al. 2011).

Studies that examine how low-income people respond to structural limitations have focused on concrete coping strategies used to circumvent obstacles such as the lack of grocery outlets in one's resident community (Clifton 2004; Edin et al. 2013; Rose 2010, 2011; Zachary et al. 2013; Zenk et al. 2011); or finding ways to stretch household food budget and make ends meet (Edin and Lein 1997; Seefeldt and Castelli 2009; Wiig and Smith 2009). What would further enrich this body of literature is to focus on the experiences of the person who stands between structural limitations in the public realm and family feeding events in the private home. As Rose (2011) convincingly illustrates in his paper, the interactions between structure and agency matters a great deal in foodwork outcomes. Since mothers are still primarily responsible for household foodwork, I now turn the attention of this literature review to the experiences of mothers.

Motherhood, maternal role identity, and food. When women take on the role of mothers, they are expected to enact their role in accordance with widely accepted normative expectations. Social science research has established connections between the

concepts of womanhood, motherhood, and the morality of feeding (Charles and Kerr 1988; Copelton 2007; DeVault 1991; Esterik 1999; Lupton 1996; Mennell et al. 1992; Murcott 1983; Murphy 1999). Social roles, such as that of a mother, are accompanied by external and socially defined expectations that guide appropriate behaviors for each role (Sheldon Stryker and Burke 2000). Role identities are the self-conceptions that social actors internalize through the social roles they occupy; social actors move through life and behave according to the roles they identify with by following the role expectations (Hagelskamp et al. 2011; McCall and Simmons 1966). In the age of intensive mothering (Hays 1996), mothers are expected to act according to the “good mother ideal,” which refers to “selfless devotion to their children and following expert advice on how to feed, socialize, and educate their children” from pregnancy onwards (Chase and Rogers 2001). Intensive mothering practices are resource and time-consuming; the implicit expectation is that women put children’s needs before their own professional or financial improvement goals, which goes against the actual trends of women’s employment outside the home after World War II (Hays 1996).

Part of the association between motherhood and food is rooted in the biological aspect of becoming a mother. Women report paying more attention to their diet upon deciding to conceive and upon confirming their pregnancy (Copelton 2007). Immediately after birth, breastfeeding mothers provide the primary food source for their infants; which is usually followed by becoming food preparers for their children (Esterik 1999). But the most persistent maternal role expectations are socially constructed and reinforced. Social expectations of pregnant women’s behaviors, transmitted via popular media, medical professionals, and conversations with family members and friends, provide scripts from

which women draw associations between food, nutrition and becoming a mother (Copelton 2007). In her interviews with 55 white, middle-class women, Copelton finds that expectant mothers follow expert advice in pregnancy books and equate healthy eating during pregnancy with the good mother ideal (2007). The interviews about pregnancy-induced dietary changes quickly revealed a moralistic undertone: unhealthy, bad foods are eaten by expectant mothers who did not put their baby's needs first, and mothers who ate healthy good foods were those on their way to becoming good mothers (Copelton: 478-479).

The idea that good mothers feed their children according to expert guidance goes on public display after child birth. At a time when breastfeeding is widely promoted as the best infant feeding practice, Murphy (1999:182-183) analyzes women's narratives to reach a deeper understanding of internal moral debates that confront new mothers as they try to make their infant-feeding decisions. Murphy finds that women who decide to formula-feed their infants readily produce justifications that preemptively defeat any charge that they care less about their children than those who breastfeed long-term. Murphy's findings suggest that the social expectations that guide maternal feeding practices are not so rigid as to be binding under all circumstances, but that the expectations are internalized by women of all socioeconomic standings. Through their accounts of infant feeding practices, women of all socioeconomic backgrounds present self-images, to others as well as to themselves, as good, moral mothers (Murphy: 205).

As this discussion illustrates, the food decisions that mothers make on behalf of their children become ways by which women "can be judged, or judge themselves, to be deviant" of commonly accepted social rules and expectations (Murphy 1999: 187).

Murphy (1999) and Copelton (2007) present evidence that women monitor and regulate their own feeding behaviors; they also create justifications to deflect potential blame when they fail to meet their mothering expectations. These two particular studies alert us to the association between nutrition and mothering that women construct and regulate at a personal level, and further our understanding of the motivations behind mothers' child feeding actions. These studies lay the groundwork for the present research which seeks to link mothers' personal actions to larger structural inequality issues. Neither Murphy (1999) nor Copelton (2007) identified legal or medical consequences for failure to meet these self-imposed family feeding practices. The public's role in holding mother accountable for child-centered parenting practices will be discussed in the next section.

From personal accountability to public accountability. The intensive mothering ideal, which began in the 1960s a cultural shift from authoritarian to more nurturing parenting practices, has remained mostly a cultural ideal for middle class mothers, but it has become more formalized for low-income mothers. For example, in some communities, low-income mothers are required to attend mandatory parenting classes in exchange for government assistance benefits (Romagnoli and Wall 2012). The U.S. Department of Agriculture now has a webpage entitled "Especially for Moms" which contains family feeding tips and recipes written and advertised for female caregivers receiving government nutrition assistance benefits. The purpose of the page is summarized in its welcome message:

"As a Mom, we know you want your kids and the entire family to eat the foods they need to grow, develop, and do their best. That's why we have provided these recipes, videos, tips, and factsheets just for you!" (USDA FNS 2014).

Embedded in the state's effort to promote and enforce intensive mothering expectation is a power imbalance between the messengers (such as social workers) and the benefit recipients. Disadvantaged mothers unable to meet these expectations find themselves held accountable to the public rather than through self-policing. To apply to food assistance benefits also means that mothers must disclose family life and financial details with strangers at social service agencies. As will be discussed in the subsequent analytic chapters, while mothers in the sample appreciate the benefits they receive from the Women, Infants, and Children (WIC) program, they also see that the required clinical appointments as intrusive and burdensome.

Taking a long view of the making of food decisions. As has been argued in the past, food choice is in fact a “process that involves psychological, social, cultural, economic and biological forces” (Bisogni, Connors, Devine et al. 2002: 128; Fischler 1988). Throughout a person's life course, the forces mentioned in the previous quote interact with people's life experiences and events to produce individual food preferences that determine people's food behaviors. The knowledge of how one describes his or her food-related identity as a result of this process may help health professionals gauge their clients' receptiveness to nutrition messages, it can also help health professionals think about food through the eyes of those whose behaviors they try to change.

One's narrative of foodwork also sheds light on the social processes that shape our eating habits. For example, in a Texas-based study involving mostly low-income mothers dependent on government food assistance programs, the participants were given cameras to document their everyday food events, their descriptions of the food events and their meanings were elicited from subsequent in-depth interview. The authors found

persistent matrilineal influences on the participants' eating habits, which date back to their childhood experiences (Johnson, Sharkey, McIntosh et al. 2010). The findings help explain why sometimes it is difficult to simply use educational strategies to change mothers' food practices and habits. In another paper based on the same data, the researchers found mothers' food practices to be directly shaped by their role identities as mothers and workers (Johnson, Sharkey, Dean et al. 2011). External factors such as working hours and social expectations that mothers provide healthy meals find their way into mother's narratives and photographic depictions of foodwork routines. When a mother is unable to successfully combine her roles according to social expectations (for example, a working mother wishes to provide her children with healthy homemade meals finds herself short on time and feeds her children fast food instead) reports feeling guilt and stress (Johnson et al. 2011). Such narratives shed light on the complex calculations behind the making of food choices.

Family feeding: cause for worry? As discussed in various places in this literature review, it appears that our collective effort to ensure the health of young children has cast the shadow of risk over child feeding decisions. Food and eating are relevant to health as we need food for survival. But they have also become increasingly “medicalized” (Lee 2008:469). As the public becomes more aware of the connection between diet and health, the public discourse has increasingly focused on healthy diet as a preventive measure of chronic disease. This focus on health can make us overlook the fact that people also engage with food and eating as part of their social activities (Delormier, Frohlich, and Potvin 2009). As other researchers have found, when mothers

are unable to minimize their children's exposure to health risks through proper child nutrition, they feel anxious and guilty (Lee 2008; Johnson et al. 2011).

However, discussions with mothers about food need not always invoke negative emotions and feelings of inadequacy. As DeVault found in her interviews with women in the early 1980s, discussions of family feeding often centered on the positive: such as engendering a sense of family connection and familiar identity, building bonds between family members, and as a way to pass leisure time on weekends. In addition, food gives the disadvantaged an opportunity to claim freedom and a sense of power (Mintz 1996; Williams-Forsen 2006) – but freedom and power from what? As my research will show, the answer to this question is dependent on the historical and social context. In the case of low-income mothers, foodwork enables them to feel in control of their own destiny.

Foodwork as individual empowerment. Examining the role of chicken as a cultural object in American history, Williams-Forsen (2006) finds that black women have consistently used their culinary skills to arrive at degrees of self-definition and self-reliance, claiming independence from former slaveholders, unpleasant employers, and unreliable men. Talking with poor mothers living in *colonias*³ in South Texas about their family food practices, Sukovic and colleagues conclude that low-income mothers find solace in food preparation. *Colonias* residents are poor, physically disconnected from life in cities and towns, and emotionally separated from their extended family networks in Mexico. Through food and foodwork, the women reconstruct a familiar world at home

³ Colonias refer to unincorporated settlements of Mexican immigrant nationals and Mexican-American citizens outside of cities or in remote areas along the U.S.-Mexico border. These communities often lack basic infrastructures, such as clean water and sewer systems, paved roads and public transportation, electricity, and safe housing. Also missing are formal governmental structures, economic opportunities, and many social structures, with the exception of schools, church and basic community centers (Sukovic et al. 2011: 230).

and remind their children of traditional cultural ties. Cooking gives the mothers an opportunity to reclaim some control in their hectic lives and thus becomes a form of empowerment for the women (Sukovic, Sharf, Sharkey et al. 2011: 238-240).

The findings from Sukovic echo those reported by Beoku-Betts (1995) who examines foodwork practices of Gullah women: in an otherwise impoverished community, it is women who assume the responsibility of maintaining and transmitting the community's culture, collective identity, and indeed its longevity. Taken together, the work by Sukovic et al., Williams-Forson, and Beoku-Betts encourages future researchers to study women's foodwork practices through the lens of empowerment rather than solely through the medical lens of disease prevention. The findings from these studies do not suggest that the challenges to healthy eating posed by poverty disappear when one begins to view foodwork as an empowerment tool. Rather, these studies remind future researchers and practitioners who work to improve the health and diet of disadvantaged women should first attempt to understand the motivations behind women's foodwork practices.

The limits of using structural constraints to explain food behaviors.

Traditional quantitative studies of neighborhood food environments, poverty, and diet tend to focus only on structural factors as independent variables while controlling for individual level variables. This approach risks being overly deterministic in its causal claims and may lead to the misperception that those who live in poverty all have poor eating habits. It is true that there exists a positive correlation between the availability of healthful foods in neighborhoods and the reported healthfulness of individual diets (Cheadle et al. 1991); low-income communities typically lack supermarkets stocked with

healthful foods, in their place are corner stores that stock processed unhealthy foods or outlets selling only prepared foods (Gittelsohn et al. 2008; Morland et al. 2002). The overabundance of low-quality foods in low-income neighborhoods and ethnic minority communities is a social justice issue; targeted interventions are needed for these groups who are unfairly targeted by the food industry interested in selling low-cost, low-nutrient foods (Kumanyika and Grier 2006). However, people do not only buy what is immediately available to them. Consistent with Rose (2011) I found in my review of the literature that structural constraints such as poverty and neighborhood food environments only go so far to explain the food behaviors of low-income families.

Qualitative studies that draw out low-income mothers' perspectives on food have shown great variations in how low-income parents go about foodwork and feed their children. The qualitative interviews and photographs collected by Johnson and colleagues (2011; 2012) find that not only are respondents aware of healthy eating principles, most have had consistent success in meeting their own child feeding expectations. As the mothers shared similar economic circumstances and lived in the same community, the traditional structural explanations, specifically poverty and neighborhood food environments, did not fully explain the differences in mothers' behaviors.

Statement of Research Problem & Study Purpose

While poor diet and diet-related diseases disproportionately affect low-income and minority populations, the statistics also show that not all low-income individuals in communities with limited access to fruits and vegetables have low-quality diets and poor health. The discussion above sets the stage for the research problem: we need an in-depth understanding of why equally disadvantaged mothers display markedly different food

behaviors. The standard structural, cultural, and individual agency explanations have failed to help us understand diet-related health disparities in America, and the proposed solutions based on any one of these explanations have failed to reduce health disparity. In order to address the research problem, we need to examine foodwork decisions directly from the view point of low-income mothers. Acknowledging that structural inequality presents real constraints on individuals' food choices and that individual agency plays an important role in the decision making process, my focus throughout this dissertation is on the interaction between structural constraints and agency exercised to overcome such constraints. Three general research questions guide this project. First, what does the food acquisition process (including applying for benefits) look like for the mothers in this sample? How does having to navigating a complex web of economic, social, and environmental institutions in order to put food on the table shape the way low-income mothers think about food and engage in family feeding? Third, how do low-income mothers describe their maternal identity and sense of self under impoverished conditions? In light of the wide range of behavior intervention efforts, I also explore the possible role of intervention programs in mother's daily foodwork routines.

The purpose of this qualitative dissertation is to develop a nuanced understanding of how low-income mothers understand and approach family foodwork. Specifically, the analysis examines how social consumption pressures, mothers' childhood experiences, interactions with public institutions, and time scarcity shape their views on food and family feeding. Data for this dissertation come from primary and secondary in-depth interviews and ethnographic observations with 60 low-income mothers who rely on federal nutrition assistance programs. Findings from this dissertation may generate

hypotheses for future studies of poverty and nutrition; the insights can be applied to refine the development and evaluation of nutrition and health behavior intervention programs; and more importantly, it is my hope that this work will further our understanding of how social inequality produces health disparity. Below I discuss the theoretical foundations that inform the analysis of this dissertation, which will be followed by an overview of the dissertation.

Theoretical Considerations

The analysis of this dissertation is guided by several bodies of theory, which I consulted after a period of data immersion. The literature review I conducted during the proposal development process informed my thinking around family foodwork as both private and public actions. While the final stages of family foodwork: cooking, eating, and post-meal cleaning take place within the private realm of the family home, the work of food acquisition, both in terms of grocery shopping and applying for food assistance benefits require mothers to interact with institutional agents and be exposed to various social expectations regarding motherhood and food. Furthermore, research has found that mothers' employment schedules directly affect family foodwork routines, which is another way that events in the public realm influence actions in the private home.

A broad body of theoretical literature has informed the analysis of this dissertation, they include: consumption and dignity, the life course perspective, fundamental cause of disease and time allocation theory. Below I discuss each of these theoretical approaches and how they relate to the topic of family foodwork.

Consumption and dignity. While much can be said about the health implications of food and eating, they are also a form of consumption. Consumption creates linkages

between individuals and institutions through monetary exchanges and the purchase of goods and services, the act of eating together also creates social connections between people. Consumption can also be a marker of social status. Veblen (Veblen 1992) and Bourdieu (Bourdieu 1984) have both made the point that the ability to consume rare goods elevated one's status and that consumption is a reflection of one's class status. Food certainly can be used to mark social distinction. The point that "foodies," typically middle class individuals who are "uncommonly passionate about food," using food consumption to mark their class distinction has been elegantly discussed by Johnston and Baumann (2010: 65). However, while I am interested in how people talk about foodwork, my concern with consumption as a social process is more in line with the thinking of Lamont (2001) and Pugh (2009).

According to Lamont, consumption enables those in weak social positions (in the case of her work, black men) to establish their equality relative to those in more powerful positions (such as white men). By demonstrating that they can afford, and purchase publicly regarded goods and services (such as home(s)), black men interviewed by Lamont proved to themselves that they were proper members of the American society (Lamont 2001: 74-76).

Pugh's work on children's consumer culture directly follows Lamont's work. To the parents, buying children their desired goods is a sign of care and love for their children (Pugh 2004, 2009). But the children's desire for these goods and services do not rise in a vacuum, they come out of peer group social processes. To children, the possession of highly coveted goods enables them to participate in social life, they can

Speak about the same items, have shared experiences, and therefore earn the right to belong (Pugh 2009).

Nutrition assistance-dependent mothers' food acquisition is different from non-poor mothers in that in order to consume, i.e. purchase foods from stores, they must first be approved by various government agencies as being cases worthy of government assistance. While low-income mothers are familiar with the good mother ideal and wish to provide the best for their children the way middle class mothers do without hesitation, their experience as food providers begins with the reminder that they are flawed consumers (Bauman 1998, cited in Pugh 2004). In the logic of Lamont and Pugh, the status as flawed consumer might complicate mother's maternal identity, therefore, in addition to proving that they are good mothers, low-income women in this study might also find themselves trying to prove that they are good citizens, worthy of belonging in this market-based consumption society. This kind of understanding can only be garnered from mothers' description of their interaction with government agencies, and it is one topic I explore in detail in this dissertation.

Food practices as the result of socialization process. The term commensality, which generally refers to the act of meal-sharing, suggests that the meal sharers are accepted members of the household and have the right to share a household's food supply (Fischler 2011). Commensality is also the concept that underlies the socialization of children into family norms and general social life (Ochs and Shohet 2006). Through family meals and other eating events taking place within the family, we learn about acceptable food items and acceptable social behaviors (Delormier et al. 2009). Accordingly, the family is often suggested as a context for child obesity prevention, and

parents are encouraged to partner with health professionals to monitor and model what children and adolescents' diet (Fiese and Schwartz, 2008; Lindsay, Sussener, Kim et al., 2006).

In addition to learning about acceptable food items and eating behaviors, mothers also socialize their daughters into accepting family foodwork responsibilities (Johnson et al. 2010; (Bowen and Devine 2011). Viewing eating and food-related practices as the result of social processes that originate in family life is necessary for analyzing mother's food-related practices from a life course perspective.

The life course perspective. The life course perspective integrates concepts in life span (longitudinal factors across life) and life stage (specific developmental periods) and proposes that biological and behavioral mechanisms determine health development of an individual or groups over time (Devine 2005). In this dissertation, I apply the life course perspective to analyzing mothers' narratives of family foodwork because it enables us to see how one's past experiences influence their present health or health-related behaviors. Key concepts of this theory most relevant to this dissertation are: trajectories, transitions/events, cultural and contextual influences, and adaptive strategies (Wethington 2005). Below I describe each of the concepts in brief.

Trajectory may refer to: a pattern of health behavior that a person engages in life over time; a state of health that develops and persists over time (such as a chronic disease); or social factors that are associated with the maintenance of health (such as the trajectory of social network changes) (Wethington 2005: 116). Trajectories are relatively stable features of one's life, and can be difficult to change through external means. Bisogni and colleagues describe food choice trajectories as "persistent thoughts, feelings,

strategies, and actions with food and eating developed over the life course” (Bisogni et al. 2005). One’s food trajectories are cumulative, meaning that they are developed over a lifetime, incorporating people’s meaningful experiences with food and eating. Food trajectories are also situated in a developmental context, they reflect social and historical changes that determine the kind of foods available, nutritional information and guidance as they become available, as well as where and how people live their lives (Devine 2005: 122). Because food choice trajectories are deeply embedded in family trajectories, should changes happen to family trajectories (e.g. changes in family membership, or change in caregiving arrangements), it is perceivable that one’s food choice trajectories change accordingly.

“Transitions” refer to changes in social roles or responsibilities that alter demands associated with the social role, for example, when a woman becomes a mother. As discussed earlier, when women become pregnant (a role transition), their food choice trajectories change as well (Copelton 2007). According to Wethington (2005), expected transitions are typically the result of planning and typically are seen as accomplishments. Expected transitions, such as the birth of a child, can encourage improvement in eating habits (Copelton 2007). Unexpected transitions or abrupt transitions, such as job loss, are often events that are objectively negative and perceived as highly negative. In general, unexpected transitions and events are seen as increasing vulnerability to other shocks that place individuals at higher health risks. Low-income households, such as those in my study, are susceptible to a wide range of unplanned transitions such as pregnancy, job loss, housing instability, and family instability. The analysis will reveal how such unexpected transitions throughout a woman’s life may influence her foodwork practices.

Cultural and contextual influences refer to events and externalities that shape the process of change and adaptation (Wethington 2005). Examples include socioeconomic status measured by income, educational attainment, occupation, and increasingly including one's life history of economic status; it may also be extended to family and neighborhood contexts and exposure to chronic stressors as a result of neighborhood or family level stressors. These are factors external to an individual's control (Wethington and Johnson-Askew 2009). Researchers have found that deprivation during infancy childhood increases the accumulation of health risks over lifetime, and lead to worse health conditions in later life (Ben-Shlomo and Kuh 2002). Deprivation during childhood can also leave lasting effects on food decision making (Wethington and Johnson-Askew 2009, Furst, Connors, Bisogni et al. 1996).

Family life offers a particularly relevant context for this study. Children develop most of their food preferences and eventually their own food practices through exposure and repeated food experiences with their role partners, such as their parents (Birch and Fisher 1998). Parents directly influence children's diets by selecting and providing the types of food children consume at home (Koivisto Hursti 1999) as well as modeling appropriate eating behaviors for their children - young children will eat what their parents, especially their mothers, eat; they also follow their parents' eating cues - if parents overeat, their children are likely to over eat, too (Hood et al. 2000). In short, continuity in family relationships and behavior are important factors in food decision making. However, low-income families are prone to frequent transitions and children often find themselves with different caregivers throughout their childhood. How family instability and shifting dynamics of family food decision-making process during one's

childhood shapes one's long-term food choices trajectories remains under researched in the literature (Gillespie and Gillespie 2007).

“Adaptive strategies” focuses on the role of individual choices and decisions in producing life change. It can be defined in two ways: as conscious decisions to change and as social norms that frame decisions (Wethington 2005). According to Wethington, adaptive strategies may also be thought of as “templates or taken-for-granted ways that frame the ways in which individuals or linked individuals in families make decisions about how to adapt to external changes. These templates that affect individual decisions are interactions between social norms and the rational or emotional choices that people make to adapt to external events or to initiate change in their lives.” Adaptive strategies are not only the results of personal agency or personal will, they also require the social agent to carefully take stock of the resources available to them before they can devise adaptive strategies. In this dissertation, I examine the adaptive strategies low-income mothers use to combine their roles as workers and mothers; the implications of their adaptive strategies on family nutrition will be discussed.

This dissertation joins a well-established body of literature that has established linkages between childhood experiences and health during adulthood (Burton and Bromell 2010; Chilton and Rabinowich 2012; Garner et al. 2012; Ben-Shlomo and Kuh 2002; Shonkoff, Boyce, and McEwen 2009; Singh-Manoux and Marmot 2005). Rather than focusing on health outcomes, I focus on the process through which eating as health behavior is established through socialization. Given that the sample population is social and economically disadvantaged, I also consult the fundamental causes of disease theory

in my analysis of the data. It complements the life course perspective and enables me to bring in broader social conditions that shape mothers' food practices as caregivers.

Fundamental cause of disease. Whether measured by education, income, or occupation, socioeconomic status (SES) is correlated with a wide range of health outcomes from low birth weight to diabetes and cancer; low SES is also associated with higher mortality rates (Adler and Newman 2002; Adler and Rehkopf 2008)SES also contributes to differences in health behaviors such as physical activity and poor nutrition (Pampel, Krueger, and Denney 2010). My review of literature in this chapter also points out that poverty in and of itself does not necessarily cause poor diet and chronic diseases, and the fundamental cause of disease theory helps to explain some of the diet disparity.

The fundamental cause of disease theory asserts that social conditions and social inequality are at the root of disease and health disparity. The theory, formally proposed by Link and Phelan (1995) and elaborated by Lutfey and Freese (2005), has four components: first, social inequality influences multiple disease outcomes, meaning it is not limited to only one or a few diseases or health problems. Second, it affects these disease outcomes through multiple risk factors at individual and contextual levels. Third, it involves access to resources that can be used to avoid risks or to minimize the consequences of disease once it occurs. Fourth, the association between a fundamental cause and health is reproduced over time via the replacement of intervening mechanisms (Link and Phelan 1995). It is the persistent association of SES with overall health in the face of dramatic changes in mechanisms linking SES and health that led Link and Phelan to call SES a “fundamental” cause of health inequalities (Phelan, Link, and Tehranifar 2010).

Application of this theory requires the research to go through a two-step thought process. First, responding to medical sociologists' and epidemiologists' tendency to focus on proximal causes of diseases, e.g. high cholesterol, Link and Phelan encourage researchers to contextualize risk factors by "asking what it is about people's life circumstances that shapes their exposure to such risk factors as... poor diet, a sedentary lifestyle, or a stressful home life" (Link and Phelan 1995: 85). They further argue that without a clear understanding of the social process that leads to exposure, efforts to reduce risk by changing individual behaviors are unlikely to be effective. This lens casts doubt on the long-term effectiveness of the ever-popular nutrition education programs and efforts to provide low-income consumers with financial incentives to purchase fruit and vegetables. Second, upon developing an appreciation for the contextualization of risk factors, researchers can then begin to understand what it is about the context that puts some people at risk of diseases.

It is commonly assumed, among researchers and the general public alike, that SES equates one's access to resources that can be mobilized to avoid disease risk or reduce the negative consequences of disease. The theory of SES and social conditions as fundamental causes of disease goes beyond recognizing low SES as a risk factor for poor diet or chronic diseases because people cannot afford healthful foods or that they are ill-informed when it comes to proper nutrition. Rather than treating SES simply as a variable, the theory conceptualizes SES as a process experienced by individuals, which manifest in a bundle of different mechanisms that lead to increased susceptibility to disease. Lutfey and Freese (Lutfey and Freese 2005) base this point on their ethnographic study of two diabetes clinics in two communities with different SES profiles. They

determine that the differences between the two clinics and patient outcomes were not limited to the patients' socioeconomic standing or their knowledge about diabetes and its treatment. The differences between the two clinics extend beyond these points. Patients at the high-income clinic experience fewer costs associated with adherence to treatment regimen. For example, it is easier for the high SES patients to maintain appointments because they have their own vehicles and flexible employment arrangements that allow them to tend to their health needs. In addition, obtaining medication through private insurance is relatively easy for high-SES patients, but low-SES patients need to complete and file a large number of forms and filing insurance claims with Medicare before they can receive the required medication. In addition, the clinic serving higher SES patients provided better continuity of care (e.g. fewer medical staff transitions). Finally, Lutfey and Freese find that physicians at the clinic serving lower SES patients are more likely to talk about their patients' motivation and cognitive ability as hindrance to diabetes care regimen (Lutfey and Freese: 13590-1360).

The theory of fundamental causes of diseases complements the life course perspective in this dissertation. The complementary nature of the two theoretical perspectives is explicitly discussed in a paper by Singh-Manoux and Marmot (Singh-Manoux and Marmot 2005). They propose that socialization, a developmental process experienced throughout the life course, translates social structure and structural inequality into health disparity. They suggest four areas where further research would be beneficial. The first is health behaviors learned from parents and other members of one's social network. The second is psychological vulnerability - the lack of psychosocial resources to cope with stressful life events. Singh-Manoux and Marmot identify two possible

explanations for the purported low psychosocial resources among the poor: low-income people have limited psychosocial resources because they are exposed to more stressful life events, or that low-income children have fewer role models to learn from in terms of psychological coping skills. The third is limited social support, particularly the social bonds that flow from trust and reciprocity. It is conceivable that low-income children who lack social support and have few trusting relationships have fewer opportunities to learn to develop social bonds with others. The fourth is the lack of future time perspective among the disadvantaged. Future time perspective is needed for one to link present day behaviors to long-term goals and consequences. Singh-Manoux and Marmot cite (Singh-Manoux and Marmot 2005) educational achievement, risky behaviors and substance abuse as examples where future-time perspective is particularly valuable. This dissertation illustrates that food-related behaviors is another area where this perspective is needed. I also hope to use my analysis of food-related behaviors to explain how the four areas are connected.

Household production and time allocation theories. While much is known about the negative effects of financial poverty on diet quality, we know far less about how time poverty (the lack of time) and time scarcity (the feeling of not having enough time) factor into diet quality and daily foodwork routines. A consideration for time poverty also fits in the fundamental causes theoretical framework. Thus, the final theoretical consideration addresses time as a household resource.

Becker's (1965) economic theory of time allocation, theoretical updates (Strazdins et al. 2011; Vickery 1977), and related empirical work (Coleman-Jensen 2009; Roy, Tubbs, and Burton 2004; Tubbs, Roy, and Burton 2005; Devine et al. 2006; Blake et

al. 2009; Jabs et al. 2007; Devine et al. 2009; Jabs and Devine 2006; Mancino and Newman 2007), set the foundation for studying the role of time scarcity in low-income households as it relates to foodwork practices.

Central to Becker's theory of time allocation is the concept of household production. This concept views the household both as a consumer and a producer in that it combines time and market goods to produce basic commodities that directly enter their utility functions (Becker: 495), for example, meals and childcare. The household production model predicts that individuals choose a mix of time and purchased inputs that maximized well-being while minimizes total cost of doing so. Importantly, this model formally recognizes unpaid work done by women within the confines of the home as necessary labor that maintain household function. Through the lens of the household production model, caregivers become producers as well as consumers: they produce commodities (e.g. meals) by combining inputs (goods and time) according to their own cost-minimization rules. It also makes clear that both disposable time and money (and the foods purchased with the money) are essential building blocks of healthy family nutrition. Under this model, the higher the disposable household income, the more likely it is for households to use convenience foods to reduce the amount of time they spent on home food production.

However, Becker's model of household production and theory of time allocation were formulated during the late 1950s and early 1960s, a period in American history where the male breadwinner and female homemaker family model was still the aspired norm. Becker's model assumes households to have one primary breadwinner and full-time homemaker. It also focuses on households that have sufficiently high income and

justify the purchase of consumer goods in the interest of saving valuable time. This model is not fully prepared to consider the potential impact of women's entry into paid work outside the home and how advancements in food technology, particularly the proliferation of convenience foods, would change the nutritional outcomes for families. Furthermore, since this theory is based on the assumption of married, two-parent households, its applicability to low-income, women-headed households is limited.

Vickery (Vickery 1977) extends Becker's theory of time use by proposing a theory of the time-poor. Vickery considers time as a necessary resource for household wellbeing in the same way that income is considered a vital resource. Whereas Becker's theory does not explicitly consider the case of low-income and/or single-parent households, Vickery's theory focuses on the time and financial needs of low-income households. Just as income is needed for survival, time is needed to prepare meals, provide childcare, and acquiring goods and services for family well-being. A two-parent household that has one stay-at-home parent suffers less from time poverty than a two-parent household where both parents who work – the latter would have to purchase more services to meet household production needs and likely experiences greater financial burden as a result. Along those lines, a single-parent household where the head of household works outside the home is likely to experience the greatest financial and time poverty, unless the household is able to find production support from members of their social network. Vickery's theory demonstrates how families with identical income and number of household members may have different standards of living. This work also challenges how the federal government defines poverty threshold, which is based on the

amount of income the household needed to purchase food and the number of people in the household to share the food- neither factors time needs into the definition of poverty.

Douthitt (2000) applies Vickery's theory using 1985 American Time Use Survey data to estimate time poverty rates. The survey estimates that 11 percent of full-time employed single mothers households to be poor (based on the traditional definition of poverty), and six percent of employed married mothers as poor. However, Vickery's assumption is that households require a minimum of two hours per day for household production and maintenance activities. By this measure, 37 percent of full-time employed single mothers are time-poor, and 21 percent of employed married mothers are time poor. Douthitt (Douthitt 2000) takes the analysis a step further by adjusting the benchmark to at least eight hours to include time for basic personal care such as sleep. By this calculation, 41 percent of single employed mothers and 22 percent of married employed mothers are time-poor. Finally, a third conception of time poverty is that combined unpaid household work and paid market work equals less than 12.5 hours per day, leaving just under half a day available for personal care activities; by this definition, 21 percent of single and 23 percent of married mothers are considered time-poor. The final adjusted time-income poverty rate for married working mothers is 24 percent and 53 percent for single working parents (Douthitt: 11-18). These figures suggest that mothers, especially single mothers, face time constraints that limit their ability to engage in necessary household tasks. Both Vickery and Douthitt's work predict that employment of single mothers does not necessarily lead to improved family well-being, especially if they are employed in low-wage work and cannot afford to purchase goods and services to replace household production.

The time-poverty theory has been tested in empirical studies that link time poverty to dietary and physical health outcomes (Coleman-Jensen 2009; Jabs and Devine 2006; Kalenkoski and Hamrick 2013). Coleman-Jensen (2009) finds that time poverty is highly correlated with household food insecurity, particularly in single-mother headed households. Kalenkoski and Hamrick (2013) find that time poverty is linked to lower physical activity level, and less time spent on making home cooked meals (though not necessary increased use of fast food, which is generally considered unhealthy). Jabs and Devine (2006) remind us that time scarcity is be a real challenge for low-income mothers in the post-welfare reform era: welfare recipients are obligated to find work or engage in work-like activities away from home but are not given the proper support with home production and maintenance tasks.

Researchers studying the issues of poverty, government nutrition assistance programs, and nutritional well-being have found evidence suggesting the need to increase nutrition assistance funding to more accurately account for the purchase of convenience foods (2011; Davis and You 2010; Rose 2007; Mancino and Newman 2007). Since nutrition assistance recipients cannot use their benefits to purchase ready to eat hot foods (such as restaurant meals or items from supermarket deli counters), it is generally assumed that the recipients purchase frozen or canned convenience foods to save time (Kalenkoski and Hamrick 2013; Mancino and Newman 2007).

There is clearly a well-established body of literature that link time poverty to poor dietary outcomes, and this body of literature generally views time poverty as the result of economic activities outside the home. I contribute to this body of literature by incorporating the life course perspectives and fundamental causes of disease theory to

achieve two goals: first, I will use women's narratives of family foodwork to illustrate how time poverty produces poor diet outcomes. Second, I examine how mothers respond to time scarcity and find that children's early recruitment into family foodwork is one of the strategies mothers use to "make time" at home. Since the passage of the Personal Responsibility and Work Opportunity Act (PRWORA, commonly referred to as welfare reform), welfare cash recipients are required to work or engage in work-like activities outside the home. The distribution of childcare subsidies that make mothers' time away from home possible is not guaranteed. When low-income mothers, such as the majority of those in the study sample, have to be away from home for long periods of time yet cannot afford goods and services that replace their household production, they must turn to their social network for support. Often, their children are the only members of their social network that can provide this kind of support. The dietary implications of children's foodwork responsibilities are discussed.

Conceptual Framework

The family meal is typically considered a private and intimate food event shared only by family members. This widely held view has without a doubt informed the work of researchers who identify positive correlations between the frequency of family meals and child and adolescent development but are unable to point to clear explanations for why family meals would produce positive child and adolescent outcomes (Fiese and Schwartz n.d.; Fulkerson, Neumark-Sztainer, and Story 2006; Musick and Meier 2012; Neumark-Sztainer et al. 2003). The majority of family meal-related research has been based on self-reported survey data, which means that the researchers are looking at family meals as "black box" events. A "black box" here refers to a phenomenon that is

left unexamined rather than being examined further. This dissertation fills this gap by explicitly studying the work of producing family meals from the perspective of caregivers.

During the proposal development stage, empirical studies on mothers, family foodwork, and family meals informed the development of this research topic and study design. Review of the theoretical and empirical literature discussed above was conducted after a period of data immersion. Starting with the descriptions of family meals or other household food events, I work backwards to try to understand how mothers respond to structural limitations and carry out foodwork activities. In this project, mothers are seen as social agents who navigate public (non-familial) institutions and gather resources to produce family meals for private consumption at home. The theory of fundamental causes of diseases lies at the foundation of my analysis, and throughout this dissertation, I link analysis of observed behaviors back to social conditions and social inequality. Because food and eating practices are developed over time, the life course perspective enables me to trace mothers' present-day foodwork practices back to early life experiences; the perspective also allows me to examine how food-related behaviors are transmitted across space and time.

Lastly, food events are also acts of consumption that link individuals to the market and society at large; one's ability to consume at socially acceptable levels becomes a symbol of citizenship and power (Lamont 2009; Pugh 2009). Since low-income mothers rely on different forms of public assistance to make ends meet, their interactions with social service agencies and staff precede their engagement in market-based consumption activities. The power imbalance between mothers and social workers

has been shown to limit young Canadian mothers' willingness to engage in state-promoted child cognitive development practices at home, thus reducing the overall effectiveness of such public health programs (Romagnoli and Wall 2012). Given the emphasis on motherhood and proper child nutrition in the American public discourse, it is of theoretical and practical interest to examine if and how the power imbalance factors into how low-income mothers carry out family food work and monitor child nutrition. The theoretical consideration dealing with consumption and dignity thus allows me to study how cultural norms and expectations governing family foodwork in America (structural influences) are perceived, interpreted, and responded to by low-income mothers (social agents).

Chapter Organization

This dissertation is divided into six chapters. Chapter 1 provides a review of relevant literature, presents the research problem, and offers a discussion of the theoretical considerations that inform the analytic approach in each of the analysis chapters. Chapter 2 presents descriptions of study data sources along with a discussion of research methods applied, coding strategies, and analytic steps. Chapter 3 examines how mothers make sense of food provision as a consumption activity, specifically, I focus on how mothers' recognition of social inequality inform the way they view themselves as consumers, and if and how food provision empowers them. Chapter 4 examines how family experiences during caregivers' childhood inform the way mothers carry out family foodwork and monitor the nutrition of their children. Informed by the data, I closely examine the possible connections between mothers' food monitoring practices and their childhood experiences with poverty, family instability, and abuse. I then identify the

different mechanisms through which each of these forms of adverse childhood experiences contribute to poor dietary practices in their adulthood role as mothers. Chapter 5 focuses on how time poverty (the lack of time) and time scarcity (the feeling of not having enough time) may explain mothers' food choices and everyday foodwork routines. This chapter also examines the effects of time poverty on household dynamics. Mothers report the need to recruit young children and even toddlers to share household food responsibilities, and they alter their food purchase choices to facilitate children's participation in household foodwork, the implications of such practices are discussed in this chapter. Chapter 6 is the concluding chapter of this dissertation, and summarizes the insights gained from this research. The interview guide used for original data collection is included in Appendix A.

Chapter 2: Research Design, Data, and Analytic Approach

The purpose of this qualitative dissertation is to develop a nuanced understanding of how low-income mothers understand and approach family foodwork. Findings from this dissertation may be used to inform the design and delivery of health education, health communication, and nutrition intervention programs targeting low-income families. Given women's continued central role in family feeding, the common perception remains that mothers⁴ are a key gatekeeper for family nutrition (see, for example, USDA's webpage "Especially for Moms"). However, as reviewed in Chapter 1, social forces beyond individual will power exert great degree of influence over people's food choices. This dissertation investigates how factors in the public sphere shape mothers' food provision activities at home. Additionally, it examines food provision from a life course perspective to arrive at a more nuanced understanding of how a woman's childhood family and food experiences shape the way she approaches nutrition to her own children.

Given the purpose of this dissertation, answers to these questions require an understanding of the social milieu from the actor's perspective. To achieve this end, I designed a qualitative study to gather and analyze women's accounts of everyday foodwork practices with data from two separate sources that both focus on the lives of low-income families. This chapter describes the methodological decisions I made in the process of conducting this research, including: the rationale for focusing on women's perspectives; overview of the research design, descriptions of data sources, and analytic approaches. Potential limitations of the study are discussed at the end of this chapter.

⁴ Other household or extended family members, such as grandmothers and aunts, also play important roles in this regard. However, given that the majority of sample members are mothers, or grandmothers who are primary caregivers in a mother-like role, my discussions focus on mothers.

Overview of Research Design

The design of the study is based on an inductive qualitative research tradition. However, a novel feature of the study is that it combines both primary and secondary interview data. Data for this dissertation come from two distinct qualitative studies that examine the lives of low-income families. The first source is the ethnographic component of *Welfare, Children, and Families: A Three-City Study* (henceforth Three City Study), which was conducted between 1999 and 2003. The goal of the Three City Study was to assess how children and their families fared from the implementation of welfare reform.

The second data source is the Baltimore Family Foodwork Study (henceforth the Baltimore Study) which I conducted between December 2012 and August 2013. The design of the Baltimore study closely follows that of the Three City Study; preliminary analysis of the Three City Study interview guides and case profiles at the proposal development stage, along with selective review of relevant literature on food and nutrition informed the development of the Baltimore Study interview questions. I collected the data to closely examine the contextual factors surrounding how mothers carried out family foodwork. Given that the data were collected ten years apart, I also wished to assess if there had been changes in nutrition assistance programs that led to marked differences in how mothers approached child nutrition and family foodwork. The fit between the two data sources will be described in depth in the Research Process section of this chapter.

Rationale for a Qualitative Study

As reviewed in Chapter 1, existing research has shown that poverty prevents people from maintaining a nutritionally balanced diet; not only are healthful foods more expensive than highly processed foods, grocery outlets in such neighborhoods often do not regularly stock fresh and nutritious foods. What remains unclear is how the multitude of predictors for poor diet come together to shape eating as a lifelong health behavior. To understand how these social and structural factors shape food and eating decisions at the individual level, we need to know how individuals encounter and interact with them. A qualitative approach was needed to explore how caregivers account for their foodwork and family eating decisions.

Data for this dissertation come from women's accounts of foodwork. Accounts and related concepts, such as stories and narratives, are "representations of how people organize views of themselves and others in their social world"(Orbuch 1997). In the most basic sense, we use accounts to explain who we are and why we do things in one particular way or another. Earlier sociological work on accounts were found in the literature of deviance. Scott and Lyman (1968) describe accounts as "statement made by a social actor to explain bad, wrong, unwelcome, or in some way or another, untoward behaviors [...]. Accounts also include non-vocalized but linguistic explanations that arise in an actor's 'mind' when he [*sic*] questions his own behavior" (46-47). Scott and Lyman's framework of accounts has informed recent studies on mothers and feeding, for example, Murphy's (1999) study of breast-feeding, and Copelton's (2007) work on dietary behavior among expectant mothers. Both studies, as summarized in the introduction, focus on how women develop self-protective accounts of their eating and infant-feeding behaviors when their actions are seen as detrimental to health.

Current theoretical development views accounts as story-like constructions that contain individuals' recollections of events. Accounts are not fixed stories: individuals continually update and reflect on these accounts, on the basis of feedback from others and the collective stories within which individuals reside (Harvey, Weber, and Orbuch 1990). Thus, accounts offer a dynamic way for individuals to discuss their actions relative to changing social expectations, such is the case of family and child nutrition.

The theoretical development of accounts has mostly focused on how individuals account for behaviors that could potentially be viewed in a negative way. This feature of accounts is particularly salient to the topic of this dissertation. For example, a prerequisite for enrollment in WIC is that a mother's pregnancy must be considered high-risk or that medical professionals have deemed the child to be at risk of failure to thrive. Both statuses suggest that the mother is unable to provide adequate care to her child. In order to receive WIC food coupons, mothers agree to have their children's health status monitored through mandatory WIC health appointments and undergo nutrition education and counseling. While these activities have greatly improved maternal and child health, they nevertheless regularly question, monitor, and correct the food behaviors of poor mothers enrolled in the program. What this dissertation would find out is how mothers interpret, respond, and react to such efforts that essentially question their ability to provide for their children, at least nutritionally.

Orbuch (1997: 459) summarizes several theoretical perspectives of the functions of accounts beyond the protection of the self, below I highlight those most relevant to this study and provide explanations for why they are relevant:

- a) Accounts give individuals a greater sense of control and understanding of their environment.
- In the context of this study, low-income mothers' accounts would represent how they remained in control while trying to navigate different resources to provide meals for their families in situations where they have little authority.
- b) Accounts allow individuals to cope with emotionally charged and stressful events.
- In the context of this study, poverty places stress on mothers who are constantly reminded of their inability to make ends meet. Through recounting their stories, mothers may feel more empowered.
- c) Accounts establish order in daily relationship experiences.
- In low-income households, children and adolescents often take on care-giving tasks (such as taking care of younger siblings) that are typically seen as adults' responsibilities in upper-income households. Relationships can be complex in low-income households where the lines between adulthood and childhood are blurry and household membership often shifts. By focusing on mother's accounts, I would gain a deeper understanding of how foodwork contributes to the reproduction of family relationships.

Finally, accounts reflect culturally embedded normative explanations for human behavior. Harre (Harré 1985) argues that in producing accounts, individuals are displaying the ideal ways of acting and ideal reasons for doing what they have done. Thus

mothers' accounts would lead me to understanding their food decisions within their social contexts,

Compared to close-ended survey questions, open-ended qualitative interviews are more suited to generate accounts that reveal insights on mothers' interpretations of foodwork and eating in a social, cultural and personal context. In addition to deepening existing knowledge of food and eating, the findings from this study will inform the development of hypotheses that can be tested through quantitative methods.

Study Sample

The sample population in this study is low-income mothers residing in urban communities who rely on government programs to meet their children's food needs. Only women with children under 18 and only women self-identified as primary caregivers engaged in household foodwork are included in the study. They may or may not be mothers to the children in their care, but they certainly occupy mothering roles. Given my interest in understanding how state-promoted healthy eating messages are translated into mothers' feeding activities, I only focus on mothers enrolled in programs that directly interact with mothers' foodwork activities: the food stamp program and the WIC program.

My decision to focus on mothers residing in cities rather than those in suburban or rural communities was in part influenced by the growing effort to improve food access in urban communities. Such campaigns have also increased the transmission of healthy eating message to urban residents. In addition, the focus on the urban poor enables the study to build on and extend the robust literature on the lives of low-income urban

families (for example, Arditti, Burton, and Neeves-Botelho 2010; Burton and Bromell 2010; Cherlin et al. 2004; Roy, Tubbs, and Burton 2004).

Descriptions of Data Sources

Descriptions of the Three City Study. The Three City Study launched several years after the passage of the 1996 Personal Responsibility and Work Opportunity Act (PRWORA), commonly known as welfare reform. In addition to imposing a 60-month time limit of welfare receipt, the law also required its recipients to work, or be engaged in work-like activities. Additional income from employment would correspond with deduction in monthly welfare payments. Through a longitudinal, multi-site design, the study monitored and evaluated the effect of this federal legislation by examining how children and families fared under new welfare policies. The participants of the study included families receiving Temporary Assistance for Needy Families (TANF) cash benefits and those who were low-income but did not receive TANF benefits for one of the following three reasons: because they did not qualify for it, because they had left welfare rolls, or that they chose not to apply for benefits. The Three City Study took place in Boston, Chicago, and San Antonio.

The Three City Study included: a longitudinal survey, an embedded developmental study that focused on the development of children over time, and a longitudinal ethnographic study that followed families over a period of 3-4 years. Only the ethnographic data are used in this dissertation. The ethnographic data archive has not been open to outside researchers, but I was granted the permission to use it by the director of the ethnographic study, Dr. Linda Burton of Duke University, and the

principal investigator of the entire Three City Study, Dr. Andrew Cherlin of Johns Hopkins University. According to Dr. Burton, none of the original Three City Study ethnographers have analyzed the information on food and nutrition in detail.

A purposive sampling strategy was used in the recruitment of ethnographic respondents. Respondents for the ethnographic component resided in the same geographic areas as the survey respondents, but there was no overlap between survey and ethnography participants. Study participants were recruited into the sample between 1999 and 2000 from a random sample of low-income neighborhoods in the three cities. Recruitment sites for the ethnographic component included community resources such as churches, recreation programs, formal childcare settings, WIC clinics, neighborhood community centers, local welfare offices and other public assistance agencies. In total, 256 families (which include 685 children under 18) participated in the ethnography; of those, 212 families were selected if they included a child aged 2 to 4. The other 44 were recruited specifically because they had a child from ages 0 to 8 with a moderate or severe disability. Families were visited an average of once or twice per month for the first 2 to 18 months (Phase I) and then every six months thereafter (Phase II) through 2003, thus, there is detailed longitudinal information on family life in this dataset.

Interview modules covered the following topics: family routines and typical day, health, household economy, transportation, family composition, family rituals, education, work, welfare experiences, social networks and work networks, parenting, child health and nutrition, childcare, child development, residential mobility, the child's typical day, neighborhood experiences, intimate relationships, "adultification"⁵ and service use. Follow up interviews sometimes revisited previously discussed topics and allowed the

⁵Instances where a child takes on tasks appropriate for someone older. See Burton (2007)

ethnographer to catch up on new happenings with the family. Interviews were recorded and transcribed verbatim. Interview transcripts and other contacts (such as phone conversations) were supplemented by field notes. Participant observations were also included in ethnographers' field notes. These notes documented the original ethnographers' observations of the sample members' interactions with their environment. Particularly relevant are those sessions involving visits to social service agencies and food shopping trips. Participant observation was an important part of the ethnography; ethnographers accompanied many families to do routine chores or to visit the doctor, a child's school, the welfare office or other family members (Winston et al. 1999). These observations allowed the ethnographers and me to triangulate findings from the interview transcripts. Field notes and transcripts of the Three City Study were summarized for each case in a lengthy, topic-organized family profile (which range from 10 to 150 pages in length). At the proposal development stage, the profiles provided me with a glimpse into the data and informed my sample selection strategies.

Each city had a team of ethnographers. When possible, the same ethnographer followed a family throughout the study. After making initial contact, the ethnographer interviewed the caregiver about a specific topic during each visit, each ethnographer also recorded general conversations and other activities taking place in the household. Interviews were usually held at the caregiver's home but were sometimes held in a public space, such as a fast food restaurant, a grocery store, or, more rarely, at participants' place of work.

Three City Study analytic sample selection. The complete Three City Study ethnography contains more data than any single researcher can analyze for one project. I employed several strategies to select a subsample from the Three City Study sample. First, I decided to exclude the 44 disability cases from my study. The complexities associated with caring for children with severe developmental or physical disabilities will likely dominate many aspects of family routine, which would also include food choice and eating patterns.

The second selection criterion was respondent retention. As children grow up, family eating patterns and the use of personal networks as a food resource are likely to change. To fully take advantage of the longitudinal design of the Three City Study ethnography, I decided to focus only on families that completed both phases of the ethnography (thus, they had been in the study for at least 18 months). It is possible that this selection criterion introduces two new biases into the study sample. First, the final study sample may have had life circumstances that enable them to stay involved in the study whereas those who did not stay in the study had more complicated lives. Second, the mothers in the final sample may have been particularly motivated to stay involved in the study for financial or personal reasons, such as feeling the need to share their stories with others. Upon reviewing the data, I find that the first bias to be unlikely because the ethnographers regularly report having trouble with respondents keeping appointments, but developed strong rapport with the respondents to ensure their continued participation. The second possible bias was accepted with the understanding that it was a worthwhile trade-off that ensure that I had the richest data which later allowed me to verify the trustworthiness of the findings.

An additional reason for focusing on families with complete information is the invisible nature of foodwork. Foodwork has been described as invisible work that even those doing the work do not notice at first (DeVault 1991). An important goal of ethnography is getting to know the people being studied (Winston et al. 1999: 39). The Three City Study investigators minimized ethnographer turnover so that the ethnographers would get to know the families and be able to identify and record events or actions that may be invisible to researchers less familiar with the families. Using only those cases with the most complete data would maximize the chance for the invisible work to become apparent in the field notes and interview transcripts.⁶ The longitudinal retention criterion whittled the analytical sample down to 103 cases.

The final sample selection criterion is food assistance receipt. Given my interest in the influence of government nutrition assistance programs, I only focused on families that receive Food Stamp or WIC benefits during the study. After applying this criterion, I have 59 cases from the Three City Study: 29 Boston cases, 22 Chicago cases and 8 San Antonio cases. Table 1. Contains an overview of the characteristics of the families.

⁶ Caregivers often talked about foodwork in unexpected contexts, and only ethnographers who knew the families well would note seemingly insignificant details. For example, a single mother in Boston relied on her own mother to provide afterschool care for her daughter. The mother explained to the ethnographer that with her new job if she stayed at work until 6 PM, she would pick up her daughter at around 7PM. By that time, her mother would have prepared dinner for her daughter, when asked about her own dinner, the mother responded that she would also eat at her mother's house, catching up with her mother and daughter at the same time, this also meant she did not need to cook a meal after returning home. The ethnographer noted incidents such as this because the mother regularly cooked dinner at home with her previous job. At first glance, this example was about finding ways to balance employment and childcare. But from a child nutrition perspective, this was a way for the mother to ensure that her daughter was given adequate nutrition when she needed to be fed.

Table 1. Overview of Three City Study Informant Characteristics							
Name	Romantic Status (M/S/C)	Ethnicity (B/W/H)	Number of Children	Food Stamp	WIC	TANF	Employed (R/I/N)
Boston (26)							
Benita	S	B	4	Y	Y	Y	I
Diana	S	B	3	Y	Y	Y	I
Jill	C	B	1	N	Y	N	R
Liberty	M	B	5	Y	N	Y	I
Marla	S	B	1	Y	N	N	R
Sondra	S	B	2	Y	Y	N	R
Stacey	C	B	5	Y	Y	Y	R
Tamara	S	B	6	Y	Y	Y	I
Tanya	S	B	1	N	Y	N	R
Tonya	S	B	3	Y	Y	Y	I
Becky	S	W	1	Y	Y	Y	N
CJ	S	W	2	Y	N	Y	I
Judy	S	W	1	Y	Y	N	I
Kalayla	S	W	2	Y	Y	Y	I
Terza	C	W	2	Y	Y	Y	R
Dawn	S	L	3	Y	Y	Y	R
Evelyn	C	L	7	Y	Y	N	I
Jacinda	M	L	3	Y	Y	N	I
Julia	M	L	3	Y	Y	N	R
Lena	S	L	7	Y	Y	Y	I
Mara	S	L	2	Y	N	Y	I
Marka	S	L	1	Y	Y	N	I
Rissa	S	L	2	Y	Y	N	I
Sonia	S	L	2	N	Y	N	R
Vivian	S	L	2	Y	Y	Y	I
Yolanda	C	L	5	Y	Y	Y	R
Chicago (20)							
Angie	C	B	3	Y	N	Y	I
Ashley	C	B	4	Y	N	N	I
Belinda	S	B	1	Y	N	N	I
Cameron	C	B	2	Y	Y	N	I
Colette	C	B	4	Y	N	Y	I
Dana	S	B	8	Y	Y	Y	I
Frida	M	B	1	Y	Y	N	I
Liza	M	B	2	Y	N	Y	R
Lynette	M	B	6	Y	N	N	I
Magdalena	S	B	2	Y	Y	N	R
Naomi	M	B	1	Y	Y	N	R

Robyn	S	B	3	Y	Y	Y	I
Jane	M	W	6	Y	N	Y	R
Karen	C	W	12 (include step- children	Y	Y	Y	N
Phyllis	S	W	4	Y	Y	Y	N
Ursa	S	W	2	Y	Y	N	R
Estrella	M	L	4	Y	Y	Y	R
Laila	M	L	3	Y	Y	N	R
Sierra	M	L	3	N	Y	N	R
Yves	S	L	3	Y	N	N	I
San Antonio (9)							
Beatrice	S	B	3	Y	N	N	N
Maxine	S	B	2	Y	Y	Y	R
Penny	A	B	2	Y	Y	Y	N
Fiona	C	L	5	Y	Y	Y	I
Natalia	S	L	3	Y	Y	Y	R
Nora	S	L	3	Y	N	N	R
Rachel	S	L	2	Y	Y	Y	R
Yvonne	S	L	1	Y	Y	Y	I
Key: Romantic Status: S-Single; C-Cohabiting; M-Married Ethnicity: B-Black; M: Multi-racial; W-White; L-Latina Employment: U-Unemployed; R- Regularly employed full-time or part-time; I: Intermittently Employed							

Justifications for re-using the Three City Study data. The Three City Study ethnography presents several advantages for the purposes of this dissertation. This is not a traditional ethnography carried out by a single researcher. It was designed for data to be analyzed by multiple researchers with different research agendas. The lead ethnographer, Linda Burton, labeled the design and method “structured discovery”(Burton et al. 2001). The structure refers to planned topics of discussion and particular questions to address, which make it possible to compare data across cases in multiple sites as all of them reveal information on preselected topics. The multi-year interview and observation process also allowed ethnographers to record changes in public assistance receipt, use of personal

social networks, neighborhood resources, employment and other household changes that may be connected to decisions about family feeding patterns. Though most interviews did not focus on food and nutrition, the study does include a module on child and family nutrition. In addition, the questions about daily routine, family rituals and parenting skills and other contexts of family life help shed light on caregivers' view of food, eating and work associated with feeding the family.

The longitudinal nature of the ethnography is another reason using this dataset. The ongoing observations and interviews regarding household routines allowed me to closely follow the consistencies of family food and eating routines as well as contexts that may lead to changes in these routines (for example, mother starting a new job, or loss of food assistance benefits). The longitudinal nature also allowed me to observe changes in children's food needs and preferences as they grew, and how these mothers' foodwork practices changed with children's new needs

Finally, this dataset is ethnically diverse and includes White, Black, and Hispanic families of different countries of origin. Given that cultural heritages directly influence food-related practices, this study presents tremendous potential for examining the extent to which food culture influences eating habits as well as the extent to which structural poverty shapes food-related health behaviors.

The final consideration was the ease of use. While the Three City Study ethnographic dataset contains more than 45,000 pages of field notes, verbatim interview transcripts, and other supporting documents, all the data had been cleaned, coded and organized according to interview modules. In addition, each case was accompanied by a family profile, a document that provided descriptions of how the family was recruited

into the study, the neighborhood environment, as well as summaries of each interview module along with ethnographers' overall assessment of the family's experience. The information was comprehensive – the family profiles ranged from 10 to 103 pages in length. The organization of the data made it possible for a researcher to start using the data even though she had not been involved in the data collection process.

Data challenges with the Three City Study. While I found the Three City Study data to be useful and informative, it did suffer from several shortcomings as the sole data source of this study. First, its primary focus was how children and families fared after welfare reform rather than how mothers viewed foodwork as a form of care. Second, the Three City Study data collection was completed almost ten years prior to this dissertation project, and some of the respondents' interpretation of food access in low-income communities may have become outdated. Additionally the ethnographers involved in the Three City Study data collection were not always sensitized to issues or concepts related to foodwork during the interviews because that was not the focus of the study. Finally, an important aspect of ethnography requires the researcher "being there" at the site of the study, and no amount of vivid writing could replace the experience of being surrounded by the sights, sounds, smells, and activities that the original researchers experienced while conducting the interviews.

These shortcomings did not render the Three City Study unusable for this study, but they did mean that additional were needed in order to maximize the potential of this rich ethnographic archive. To accomplish this goal, I carried out primary data collection in Baltimore to sensitize me to the contexts similar to where Three City Study

ethnographers interacted with the mothers. I designed an original qualitative study that followed the “Structured Discovery” approach of the Three City Study, but I focused on food provision and foodwork practices in low-income settings. Below I describe the study in greater depth.

The Baltimore Family Foodwork Study. The Baltimore Family Foodwork Study (henceforth the Baltimore Study) was conducted between December 2012 and August 2013. I conducted multiple interviews and participant observation sessions with each study participant over a period of nine months to gather in-depth information about the factors that influenced their household food decisions. Following the Structured Discovery approach in the Three City Study, I developed three sequential interview modules that focused on family foodwork. The first interview module included questions about mother’s personal food history. Questions in this module also included racial/ethnic background information, childhood family experiences, memorable food events, family traditions, etc. The next interview, conducted 4-6 weeks after the family food history module, covered mothers’ present-day foodwork activities. Questions in this module focused on food assistance receipt record, household cooking responsibilities, household members’ food preferences, current knowledge and practice related to nutrition and so on. The third formal interview module, which took place 6-8 weeks after the second interview, dealt with food shopping. The questions in this module asked about typical shopping routines, food needs planning process, impressions of different food outlets, and what the “perfect” grocery store would look like. At the end of the third interview, I gave each respondent a disposable camera and asked her to take pictures of everyday food-

related events. I collected the cameras from the respondents and developed the pictures two weeks later. The fourth and final interview of the study involved me asking respondents to describe the images to me. Prior to launching the interview process, I tested the questions out on mothers with children.

Participant observation is an important part of the study, which I carried out during each interview and wrote my observations in the field notes. Some of the participant observation sessions were planned, for example, I joined some of the mothers as they shopped for food or went about preparing meals for their children. During some of the interviews, I was able to support the mothers with minor household responsibilities (such as watching the children while the mothers were on the phone or passing food items from mothers to the children). By intentionally studying my surroundings and observing my own interactions with the household members during the interview, I created opportunities to become a part of participants' home environment and ask questions that I did not think to include in the original interview protocol. In addition, these moments also allowed me to identify and ask about potential inconsistencies between respondent's answers and actual events at home. This was a triangulation strategy that I used only after I felt confident that the rapport between the participants and me was strong enough that I did not come across as challenging whenever I asked respondents to clarify and/or confirm what I observed.

During the interviews, I looked for the presence of food items in the home, children's behaviors, and how food preparation and eating spaces are arranged. I also scheduled observation sessions with each participant – I would accompany them on grocery shopping trips or observe food preparation and eating episodes at home. Due to

scheduling difficulties, however, I was only able to schedule these observation sessions with two respondents in Baltimore. But I did observe foodwork activities at home during regular interview sessions with all the study participants. Each interview was transcribed verbatim by trained transcriptionists.

Recruitment site. While working as a research assistant for the Center for a Livable Future at the Johns Hopkins University, I became familiar with a farmers market in northeast Baltimore, in a community that lacked a full-service grocery store. At the market, shoppers who intended to spend their SNAP benefits received additional financial incentives (up to \$10 per visit) for purchasing fresh fruits and vegetables directly from farmer vendors. This market embodied the eating for health ideology both in its design and activities. A community health non-profit organization sought funding to operate the market in a low-income neighborhood it served. In addition to the food vending activities, the market regularly hosted educational events such as healthy cooking demonstrations by professional chefs and distributed healthy recipes based on seasonal produce. The market was located in the parking lot of a racetrack, and was easily accessible by public transportation or personal vehicle. The market's operating hours were 9:30 a.m. to 2:30 p.m. on Wednesdays between June and November each year, and I was at the market at least twice a month throughout the operating season.

Participant recruitment. Participant recruitment began upon the study was approved by the Johns Hopkins University Homewood Institutional Review Board⁷ (HIRB). Participants were recruited from the aforementioned farmers market while they

⁷ The Johns Hopkins Homewood IRB approved the study on October 31, 2012.

stood in line to acquire tokens to use their food assistance benefits. After receiving approval from market manager to recruit participants for the study, I waited by the EBT machines and asked potential respondents to leave their contact information so I could reach out to them with further information about the study. Out of the 10 individuals who expressed interest, I recruited a total of seven caregivers who agreed to participate in the study and signed consent forms. Each participant could receive up to \$185 for their involvement in the study if they participated in every aspect of the multi-interview study: the interviews, the photo elicitation interview, and foodwork observation session. Table 2. Contains a background profile of the mothers in the Baltimore Foodwork Study.

Table 2. Overview of Baltimore Study Informant Characteristics							
Name	Romantic Status (S/C)	Ethnicity (B/M)	Number of Children	Food Stamp	WIC	TANF	Employment (U/R/I)
Katie	S	M	2	Yes	No	No	I
Natalie	C	B	2	Yes	No	Yes	I
Trish	S	B	3	Yes	No	No	U
Reina	C	B	4	Yes	Yes	No	R
Shawn	S	B	3	Yes	No	No	R
Star	S	B	1	Yes	No	Yes	U
Tiara	C	B	2	Yes	Yes	No	R
Key: Romantic Status: S-Single; C-Cohabiting Ethnicity: B-Black; M: Multi-racial Employment: U-Unemployed; R- Regularly employed full-time or part-time; I: Intermittently Employed							

Combining the data sources through analysis. While data from the two studies were collected 10 years apart, the analysis is based on both data sources using an approach called “assorted analysis” (Heaton 2004). This is a design feature unique to the use of

secondary qualitative data. According to Heaton, this is a situation where “pre-existing research data is combined with primary data collection and analysis;” and this method is often “used to provide additional comparative or additional collateral evidence” (Heaton: 50). In assorted analysis, one data source often predominates over the other. Given its temporal precedence over the Baltimore Study, the Three City Study was the primary data source in this study, the findings from which are then contrasted with findings from the Baltimore Study. Meaningful and reliable comparisons are possible because the design of the Baltimore study was modeled after the Three City Study. In addition, only a subset of samples -- mothers receiving food assistance benefits -- from the Three City Study are used so that meaningful comparisons can be made with the women in the Baltimore Study sample.

Another analytic approach unique to secondary qualitative analysis used in this dissertation is called “supplementary analysis” (Heaton: 41). It involves in-depth analysis of an issue of the data which was not addressed, or was only partially addressed, in the primary research. Supplementary analysis examines a theme or a subset of the data which emerged as a *post hoc* matter of interest to the original study. According to Heaton, who analyzed the analytic approaches of 65 health research studies that used secondary qualitative data, supplementary analysis was the most common form of qualitative secondary analysis. In this particular case, supplementary analysis is appropriate because the original Three City Study data did not examine mothers’ foodwork routines in detail, nor were the original researchers able to analyze mothers’ interpretations of family foodwork because they were not fully sensitized to the issues I am concerned with.

Research for this dissertation began with the supplementary analysis of the Three City Study data. While reviewing the case profiles, I notice that while the ethnographers and original study coders coded children's eating patterns and preferences under "family and child nutrition," no other researcher had yet linked these observed patterns with other aspects of family life. This gap led me to further examine the possibility of using Three City Study data in this dissertation, which then motivated me to design a primary qualitative study that would complement my analysis of the Three City Study Data.

Research Process

The research began during the proposal development stage with the review of Three City Study case profiles; in addition to familiarizing myself with the data, this process informed the development of the Baltimore Study interview tools. Also during this time, I started to develop a codebook for analyzing the data from both sources.

After the proposal defense and securing institutional review board approval to conduct the research, I began analyzing the interview transcripts and field notes from the Three City Study. In addition, I also started the recruitment and interview of Baltimore Study participants. The coding process began during the second reading of each interview transcript or set of field notes. Both inductive and deductive coding methods were used to code the data. The coding schemes were revised several times as I developed new insights from my in-person interviews, observations, and contextual knowledge of the Three City Study data.

Open coding. The analysis began with the concepts of “eating for health,” and “low self-efficacy.” I viewed these concepts as signposts that directed me to different research questions that would be explored in the analysis chapters. Eating for health alerted me to instances where caregivers discussed the relationship between food, eating, and health. This concept allowed me to identify how, when, where, and why mothers (and their children) ate for better health, and equally importantly, when they did not follow these principles and beliefs. This concept was developed from reviewing materials published by the U.S. government as well as academic literature (Bisogni et al. 2012; Guthrie et al. 1999; USDA National Agriculture Library 2011).

In contrast to eating for health, low self-efficacy was a concept that emerged from the data analysis process. In this case, is a concept that Blumer (Blumer 1954) would refer to as “sensitizing concept.” According to Blumer, these concepts give “the user a general sense of reference and guidance in approaching empirical instances... suggest directions along which to look” (Blumer: 7). Sensitizing concepts are derived from the participants’ perspectives rather than the researcher’s perspective. While finding examples where mothers felt that they were in full control of their families’ diet, I noticed many instances where mothers discussed feeling not in control of their own destiny, which often extended to discussions of family nutrition. This concept later led me to develop and refine analytic questions for each substantive chapter

Starting with these two concepts, I was able to go deeper into the data to identify and analyze the contextual factors leading to these divergent narratives. Below I describe the coding process in detail.

The research process began with thorough reviews of the Three City Study Profiles, which began in the proposal development stage. I read all 256 case profiles and identified the 59 cases that were suitable to be included in the study sample, whose interview transcripts I would read thoroughly. Data in the case profiles were organized topically, interview transcripts or field notes corresponding to a particular topic would be included under the topic along with the date of the interview. For example, this is an excerpt from Benita's profile under the module "Child and Family Nutrition;" it described her son Michael's food preferences:

[060300a]Michael's favorite foods are noodles, rice, potatoes, chicken, meat, and any kind of juice. He doesn't like to eat vegetables.

From this short, context-free excerpt, I was able to look up more specific descriptions of Michael's food preferences from the transcripts of an interview that took place on June 3, 2000. After I reviewed the case profiles, the coding process was done using MaxQDA (Qualitative Data Analysis) software.

While the Three City Study data were already coded according to a codebook developed by the original research team, it quickly became apparent that I needed to develop my own codebook so that I could closely examine issues relevant to this dissertation; in addition, I needed a codebook that applied to data from the Three City Study and the Baltimore Study. At first, I relied on existing literature to develop analytic categories. As I systematically read the transcripts and field notes, I identified segments that corresponded to the categories that were significant to my original research questions. These general categories included: motherhood, family dynamics, household

economy, dignity, foodwork activities, family health, food procurement practices, culture, and time scarcity.

As the analysis progressed, I focused on categorizing concepts and potential codes that emerged from the data rather than superimposing literature-based codes over the data. I also wrote analytic memos to myself whenever surprises not predicted in the literature arose from the data. This stage of coding of Three City Study data also informed the development of the interview protocol of the Baltimore Study. The Baltimore Study interview transcripts and field notes followed the same process as they became available.

Axial coding. The next step of the coding and analysis process was axial coding, the goal was to apply an analytic lens in examining the data (Charmaz 2006:60-61). At this stage, I identified links between sub-codes and the eight main categories developed during the open coding process. This was also an opportunity for specifying the dimensions and properties of each main category, which enabled me to give coherence to the data in subsequent analysis. Again, I allowed themes to emerge from the data. At the axial coding stage, the eight main categories broadened to include sub-codes:

Motherhood: mother's responsibility; parenting discussing; pregnancy; mother-worker role strain; mother-child authority differentiation; judgment of mothering behavior (good vs. bad); grandmother.

Household economy: making bills; debt; child support payments; TANF payments; food stamp; WIC; child's contributions; rent stability; mothers' employment (sub-codes include full-time/part-time; non-standard work hours; informal employment;

unemployment; second jobs); self-described luxury purchases (gifts for household members, vacation, new furniture); confusion about public assistance program rules; being sanctioned from public assistance; resource pooling with relatives.

Family dynamics: instability of household membership; multiple-family households; romantic partner; married; single mother; child rotating through households.

Dignity: Pride; discussion of poverty-stigma; sense of dignity feeling violated (by social services; discussion of power inequality in daily life (and violation of sense of dignity); physical abuse; verbal abuse; sexual abuse.

Family foodwork: Mother cooking; other adults cooking; child cooking; adult food preference; child food preference; food safety concerns; convenience foods; disliking cooking; food prepared away from home; homemade foods; food waste; family food tradition; ethnic culture; family rituals; dinner, lunch, breakfast, snacks; food as a form of entertainment; food-induced conflicts; child asking for food; lack of food routine; lack of variations; meal-skipping; strict meals; discussion of health; treats; food insecurity or hunger.

Family health: family member health challenges; child weight status; mother weight status; mention nutrition education; nutrition advice from medical professionals; food allergies; reading nutrition labels.

Food procurement: Fruit and vegetables; meat; money-saving strategies; using multiple stores; store comparisons; transportation (sub-codes: own vehicle; public transportation; walking; rides; taxi); organic food; food pantries; given free food by network; giving away food.

Culture: Black, White, Hispanic, immigrant generational status, access to ethnic networks.

Time scarcity: mentioning not having enough time to cook; time saving strategies; family routines (weekday/weekend); causes of time scarcity (sub-codes: transportation; work; social network; social services; child care).

Selective coding. Selective coding is the final stage of the coding process (Charmaz 2006). Using the categories and codes that emerged in the research process, as discussed previously, I linked the different core categories of codes to other categories. During the selective coding process, I tested out different narratives, rephrased research questions, and speculated potential pathways of how different categories of codes related to each other. I began to identify the narrative story underlying mothers' seemingly disparate foodwork practices. The narrative story is further discussed in depth in the following chapters. It encompasses how power and economic inequality produced by poverty and exacerbated by social consumption pressure factor into mothers' family foodwork practices; the story also shows how childhood family experiences are carried into mothers' adulthood and shape their food monitoring practices; and it examines how time scarcity as a result of economic activities shape the way mothers carry out family foodwork and alter household roles and responsibilities.

Evolution of the guiding interest in the research process. As I engaged in the analytic process during the axial coding stage, I also began to think about how these different categories of codes could come together to create rich data (what some refer to as thick descriptions) of the realities that low-income mothers faced to provide food for

their families. To facilitate the analytic process, I returned to my original interest in the notion of eating for health. From mothers' descriptions of their food choices and food intake, I was able to roughly divide instances where mothers applied intentions to eat for health in their foodwork practices, and instances where they were primarily concerned with alleviating hunger with what was available at home. Of course, health and hunger are not the only reasons that people eat- they may also eat to celebrate, and eat to share cultural traditions and give kids food as a way to free up some time for other matters (such as keeping children quiet). However, I wished to focus on the everyday food events – celebrations and dining out are rare occurrences among the sample members – and the focus on health or satisfying children as part of the discussion.

The eating for health (EFH) concept was developed from current literature on the relationship between nutrition and food choice (see for example, Koch 2012; Cairns et al. 2013). In light of the high rates of chronic diseases, nutritionists, health professionals, community health advocates and government health departments at every level are encourage the public to view diet as a form of disease prevention. Disease prevention professionals and social commentators suggest that instead of eating for enjoyment and pleasure, we should be eating in moderation with health in mind (this type of language occurs in the Dietary Guideline for Americans, which have been published and updated in five-year intervals since 1980). The concept has become so ubiquitous that I would consider it a new form of food ideology.

In theory, food ideology governs people's food behaviors and is immune to changes in social context. In practice, however, food ideologies are "subject to innovation, interpretations, and rationalization" (Laderman 1984). Laderman (1984)

closely examined the dietary intake of Malay villagers in the 1970s. At that time, western health educators believed the villagers to be severely malnourished because they ate according to their food ideology. The Malay food ideology viewed fruits and vegetables as a relish that accompanied meals rather than necessary components for strength and health, like rice and fish. At the time, Peace Corps volunteers tasked with monitoring and improving the health of the villagers reported that the Malay villagers were simply “too lazy” to grow vegetables (Laderman: 548). As a result, health campaigns were rolled out to educate villagers about the health value of consuming fruits and vegetables. What Laderman found was that while the villagers discussed incorporating the food ideology into their daily life, their actual food and nutrient intake was far more varied and balanced than their food ideology suggested. Laderman’s study was far more concerned with the biological aspects of food and nutrition than what I hoped to accomplish – she asked villagers to record their daily food intake and took blood sample to measure actual nutrient level. Nevertheless, Laderman’s findings served as a good reminder that I needed to closely observe what people actually did with their food practices, and arrive at findings and interpretations only after triangulating different types of data rather than relying on just one form of data.

The concept of EFH evolved several times in the research process as well. Before I started my analysis, I viewed EFH as a fixed ideology in a rather binary fashion – one either followed the EFH ideology or defaulted to eating for satiation. The early conceptualization of EFH was probably no different from most of the general public who did not study this issue in-depth. However, my understanding of EFH changed as the analysis went underway. The data revealed that the EFH ideology operated on a

continuum, and the social contexts of daily life shifted mothers' food-related behaviors between the different ends of the continuum.

While I looked for evidence of EFH to begin the analysis process, my question was not about whether mothers adhered to the EFH ideology in their daily practices. Rather, my question was about the factors that led mothers to act closer to one end of the continuum than the other. What became apparent to me as the analysis progressed was the fact that almost all of the mothers in the sample were familiar with the EFH ideology/healthy eating principles. However, what was equally common was the fact that mothers often did not apply these principles in their daily foodwork. As a result of this insight, the analysis chapters of this dissertation focused on explaining why otherwise well-informed mothers did not follow nutritional guidelines. Table 3 is a summary of the feeding practices that might be considered EFH-Adherent or non-adherent, as observed in the data. The following summaries were derived from sample members' descriptions of their daily food routines and ethnographers' observations. These categories were tools I used to help me understand sample members' food patterns and routines.

Table 3. Summaries of Food Practices Among Mothers in Study Sample		
	EFH Non-Adherent Behaviors	EFH Adherent Behaviors
Meal times	<ul style="list-style-type: none"> • Irregular meal times, or particularly unusual meal time (e.g. dinner at 9PM, including for very young children) 	<ul style="list-style-type: none"> • Regular meal times
Meal patterns	<ul style="list-style-type: none"> • Lack of consistent description of meals. Frequent meal-skipping or eating numerous snacks throughout the day • Inconsistent meal partners (parents and children eating separately, or having non-family members eating at home). 	<ul style="list-style-type: none"> • Clear delineations of “three square meals” and snacks • Consistent meal partners (parents and children eating together) • Consistent meal components (e.g. cereals or toast for breakfast, sandwiches for lunch, etc).
Fruit and	<ul style="list-style-type: none"> • Inconsistent evidence of fruit 	<ul style="list-style-type: none"> • Evidence of regular fruit and

vegetable	and vegetable consumption (talk about fruit and vegetables, but don't actually eat them)	vegetable consumption (descriptions of meal components from interviews)
Home Cooking	<ul style="list-style-type: none"> • Infrequent home-cooked meals • Frequent consumption of food prepared away from home 	<ul style="list-style-type: none"> • Discussion of home-cooked meals on a regular basis
Sodium and sugar intake	<ul style="list-style-type: none"> • Apparent lack of concern about high sodium and sugar intake 	<ul style="list-style-type: none"> • Focus on reducing sodium or sugar intake and provide examples (evidence, discussions that limit junk food intake)
Parental dietary monitoring	<ul style="list-style-type: none"> • Lack of effort to regulate children's food intake 	<ul style="list-style-type: none"> • Clearly monitors and regulates child food intake without coercion⁸ • Encourages children to try new foods though modeling
Respective sense of autonomy	<ul style="list-style-type: none"> • Feeling not in control of one's own life circumstances 	<ul style="list-style-type: none"> • Feeling in control of one's life circumstances

The patterns identified on this table allowed me to examine sample members' dietary outcomes in a more systematic fashion. From there, I was able identify instances where mothers adhered to EFH ideology and instances where they did not, and found that the same mothers often displayed behaviors on both end of the continuum. The richness of the data from both sources allowed me to examine structural effects that led to different practices.

⁸ There is some debate about how parents should regulate children's diet. Pediatricians Dietz and Stern (1998) suggested that parents "are responsible for offering a healthful variety of foods," while children themselves "are responsible for deciding what and how much they want to eat from what they are offered." One body of research based on middle-class white families found that parents who attempted to control children's food intake diminished children's ability to self-regulate their food intake, leading to greater likelihood of obesity (see, for example, Johns and Birch 1994; Birch and Fisher 2000). In another study based on a socioeconomically and ethnically diverse sample, the authors found only a weak and inverse relationship between parental food control and girl's weight (Robinson, Kiernan, Matheson et al. 2001). My emphases in this dissertation are: first, the regulation of known "junk foods" such as chips, cookies and soft drinks at home; second, the strategies used to encourage children to try a wide variety of foods, as opposed to regularly using the term "picky eater" to explain why certain foods do not make into the family's food consumption pattern.

Research Questions for Each Analysis Chapter

As described in Chapter 1, my conceptual framework aims to link multiple aspects of mothers' life experiences to foodwork practices so that we can begin to develop a more complete understanding of the kinds factors that low-income mothers take into consideration as they make their foodwork decisions. From there, I begin to unpack how social inequality produces health disparity. Much of existing work and public discourse on low-income people's food choices have employed an eating for health ideology lens. Through this lens, any action deemed inconsistent with eating for health is considered a deviant behavior subject to correction. This dissertation departs from the conventional practice of focusing on individual behavior to study cultural and structural forces that shape mothers' view of food and nutrition, how their childhood experiences inform their foodwork practices as parents, finally, this dissertation should help us to understand how poverty and socioeconomic inequality influences food behaviors beyond the issue of food cost and food access.

The three research questions needed to be translated into analytical questions to facilitate the analysis in an organized and manageable fashion, but the process was iterative and far from linear. As I became more familiar with the data, the theme of "feeling out of control" of one's life emerged from the data. Feeling out of control is in conflict with the eating for health ideology, which requires the meal preparer to assume full control of diet of those in their care. With this contrast in mind, I identified specific topics that would become the focus of each analytic chapter. Below are the issues studied in the three analysis chapters:

- 1) Consumption and foodwork as means of dignity acquisition: In this chapter, I viewed food provision as a consumption practice, and examined how social consumption expectations shaped the way mothers view food provision. I identified answers to the following questions:
 - a. Does the process of applying for nutrition assistance benefits lead to a sense of dignity loss?
 - b. If applying for food assistance benefit leads a mother to feel sense of dignity loss, how does she regain her dignity through foodwork as a consumption practice?
 - c. Are there other ways that foodwork is viewed as an empowering experience by women who otherwise feel disempowered by poverty?
- 2) Influences of childhood family experiences in family foodwork: Following the literature on familial influences over food preferences, I examined how childhood family experiences may have shaped how low-income mothers monitor their children's diet and nutrition. I sought to answer the following questions:
 - a. In what ways do childhood food experiences enter into mothers' present-day food provision and food-monitoring practices?
 - b. What kinds of influence might childhood family instability have on how mothers approach family food provision?
 - c. What long-term effects might adverse childhood experiences have on family nutrition monitoring?
- 3) Time scarcity and to poor family nutrition: Time is vital resources in the foodwork calculus, without enough time, mothers cannot carefully plan, shop, and

prepare food for home consumption. However, the importance of time is rarely discussed in detail in current literature that deal with diet and nutrition in low-income populations. In the time scarcity chapter, I address the following questions:

- a. What role does time play in family foodwork?
- b. What are some sources of time loss in the lives of low-income mothers in this sample?
- c. How do low-income mothers overcome time scarcity in reference to family foodwork?

Ensuring Trustworthiness

To ensure that the analysis and findings were trust worthy, I sought to comply with Lincoln and Guba's (1985) criteria of trustworthiness. Given my personal background was vastly different from those of the study participants', ensuring credibility of the findings, i.e. "truth" of the findings was by far my greatest concern. The strategies I used to establish credibility include: prolonged engagement, triangulation, and peer debriefing (Lincoln and Guba 1985).

Prolonged engagement requires the researcher to spend sufficient time in the field to understand the contexts of the social setting and develop rapport with members of the study subject group. Given the longitudinal nature of the Three City Study, I was sufficiently confident in the quality of the Three City Study Data. My own interviews with study participants spanned between 8 to 12 months (I have been in touch with the participants via telephone calls even after the formal interview process ended). I was

confident that from my interactions with participants, I gain nuanced understanding of the terms the participants used and the social contexts they operated within to reduce my personal bias from influencing the analysis.

Triangulation refers to the use of different methods and types of data to produce understanding of the subject matter. The different methods and data are used to produce rich accounts of women's foodwork. In this dissertation, I accomplish this goal by using four different types of data: a robust archive of secondary qualitative interviews with an ethnically diverse sample; primary qualitative interviews; participant observations; and photo elicitation.

The Three City Study data had already gone through one stage of triangulation - the interview transcripts and field notes were collaboratively coded by ethnographers and qualitative data analysts according to thematic coding schemes developed by the lead investigators. In addition, monthly phone calls were held to discuss emergent theme in the ethnographers' observations and qualitative analysts' synthesis (Burton, Purvin, Garrett-Peters 2009).

The Baltimore Study was designed in a way so that I could rely on multiple sources of data to inform my understanding of the issues as the analysis went underway. The observational portions of the study allowed me to gather data not directly asked in the interviews, and the photo elicitation portion literally allowed me to see the world of food work from the respondents' view point. During the photo elicitation interview, I asked study participants numerous questions about the food items and people in the photograph, the context of the eating event, and feelings associated with the particular meal event. These practices were applied consistently throughout the research process.

Finally, I engaged in peer debriefing to ensure the credibility of my analysis and conclusions. Throughout the analysis process, I traded drafts with graduate student colleagues who were also working on qualitative reports and shared questions or concerns with them about preliminary conclusions and insights. Because I had multiple interactions with the participants and carefully developed rapport with the respondents, I was able to directly ask the participants for clarifications of meanings and terms during the interviews. In the next section, I discuss several limitations of this study and the approaches I took to reduce the potential negative impact of these limitations on the analysis and conclusions.

Limitations

The inquiry aim of this study was to arrive at deeper understanding and reconstruct family foodwork from the perspectives of low-income, public assistance-dependent mothers. While the findings may be used to generate new falsifiable hypotheses, my goal was not to find generalizable conclusions that can serve as predictors of family foodwork outcomes and patterns. Given this background, the traditional critiques of qualitative research's narrow sample size and lack of generalizability would not be suitable for this study. However, within the qualitative research genre, this study also suffers from several potential limitations.

The first set of potential challenges came from the use of secondary qualitative data. While Glaser first suggested the potential value of secondary qualitative data in the 1960, it was not until computing and data storage and dissemination technology became more advanced that secondary qualitative analysis became an accepted and common

(Glaser 1962; Heaton 2004). As described in the earlier discussion on data fit, I carefully assessed the usability of the Three City Study data before fully launched into the proposal development and research process. I was confident that the data contained sufficient information on family foodwork for a robust and meaningful analysis. This was made possible because the study was designed to make secondary analysis possible. The original researchers provided enough thick descriptions of the interview topics, respondent characterizes, neighborhood and social welfare policy contextual information that secondary analysts could quickly develop a mental image of what the setting might look like.

Related to the first challenge is my lack of involvement in the primary collection of the interview data, which may raise epistemological concerns. At its heart, qualitative research is about the joint interaction of the researcher and the study participants. To some researchers, this type of information cannot be disassociated from the individual who collected the data, nor can it be analyzed without familiarity with the context in which the data were collected. However, there are also researchers who believe that such contextual information can be gathered by secondary analysts who consult primary researchers, and/or original researchers' field notes and research memos or diaries (Fields 2009:88). To address the problem of "not having been there," I carefully read original researchers' field notes, research reflection notes, qualitative analysts' synthesis, as well as the interview transcripts for contextual information. In addition, I also designed a qualitative study to complement the secondary data, the study took place in contexts similar to those found in the Three City Study so I could be sensitized to the potential challenges that confronted the original researchers.

The final potential limitation is the set of biases I may have brought into the research process and analysis. As well-educated middle class consumer, I considered myself a person who adhered closely to the EFH ideology. At first, I was concerned that I simply would not be able to build rapport with the Baltimore Study participants who sometimes described me as “that Asian researcher from Hopkins” to their associates. However, subsequent interactions I had with the participants reminded me of parts of my own upbringing that made me less concerned about the current class differences between me and the respondents, and helped to focus more on what we shared in common.

My childhood prepared me to set aside my class-based worldview and focus more on the participants’ accounts as they viewed the world. Growing up in Taiwan, my parents decided to be honest about our family’s financial struggles with the children, and I still vividly recall episodes of financial scarcity and food insecurity during my childhood. Fortunately for my family, the times of scarcity ended by the time I entered 5th grade. Like many of the women in my sample, I was primarily raised by a grandmother who had little education – she was functionally illiterate. Although she felt highly stigmatized by her lack of education, like many of the women in the sample, she took great pride in her ability to provide care to her granddaughters, particularly through food provision. In addition, for various reasons, my sister and I often stayed with different relatives for extended periods of time, ranging from several weeks to three months; sometimes my sister and I lived by ourselves in our home, but took meals with relatives who lived nearby. Like many of the woman in my sample who experienced residential and family instability, each time my sister and I stayed with a new household, we had to observe and adapt to new norms regulating food and eating, these arrangements ended

when I started attending boarding school in the United Kingdom at age 14. While the social contexts I experienced were vastly different from those in inner-city neighborhoods in the U.S., my experience made me more sensitive to the respondents' narratives of family instability, scarcity, the fear of not having enough food at home and what they did to stretch household food budget. I believe that my own experiences made me more prepared to build rapport with respondents, and to identify the insights that came from the respondents' narratives.

Chapter 3: Foodwork as Consumption, Production, and Empowerment

The purpose of this qualitative dissertation is to develop a nuanced understanding of how low-income mothers understand and approach family feeding. In this chapter, I view family feeding as a general consumption activity as well as a production process. The consumption of family meals can only happen after mothers or others in a caregiving role have expended labor to produce family meals. Consumption creates linkages between individuals and institutions through monetary exchanges and the purchase of goods and services. The consumption of food is also a social experience, through food events, we build social connections with other people.

Consumption has become a marker of social membership in the United States (Lamont 2000; Pugh 2009). This point was made clear by the black American men in Michele Lamont's book, *The Dignity of Working Men* (2000), which explores how working class men construct a sense of self-worth and how they perceive social hierarchy by interpreting differences between them and others (Lamont: 2). Blacks have long faced discrimination in the United States, thus Lamont's question of how a historically oppressed group construct a sense of self-worth is particularly interesting. Black workers in Lamont's study believe in some form of universality of human nature and desires that are shared by all people, regardless of their skin color; the black workers believe that people generally want the same things in life. However, they still have to confront the fact that the principles of "common human nature" do not translate into equal treatment" (74). To ground their conceptualization of equality in concrete terms, black working class men turn to market performance – their ability to produce (income) and consume (goods, services, etc.) – to mark their worth and membership in society. According to these men,

their ability to purchase goods, services, and properties helps to remove social barriers that once prevented blacks from participating in social life as full members of society. The men's sentiments are summarized by Lamont this way: "money is the key to respect and implicitly, to equality and social membership (i.e., being construed as "belonging" [to society])" (Lamont: 75). Consumption thus is a form of empowerment to those in traditionally disadvantaged positions.

Lamont's study focuses on the experiences of black and white men who have steady and relatively well-paid blue collar jobs. Her analysis provides a useful lens for understanding how consumption enables less powerful groups to claim social and civic membership in mainstream America as, above all other categories, non-poor. I suggest that we can apply Lamont's approach to think about how consumption informs the one's sense of self-worth related to role expectations. Lamont's work leaves its reader wondering how women might view consumption and how it relates to their senses of self-worth as mothers who can meet their children's material needs. I am particularly interested in the experiences of women, who, because of various life circumstances, are unable to find paid work, unable to work outside the home, or must combine wages with financial assistance from the state to support their families.

The women whose stories inform this dissertation are likely to be employed in service sector jobs that take care of the rest of America. The women work as cooks, waitresses, childcare providers, janitors, classroom aids, cashiers, nursing assistants... and above all else, as mothers. These women provide vital services but receive low compensations - most of them make no more than the current federal minimum wage of \$7.25 an hour. Despite their contribution to society, obstacles such as immigrant status,

criminal records, or general instability in life have prevented many of them from participating in the political process that shape the policies and programs that determine their livelihood. Consumption then, seems to be the most direct linkage for low-income women to assert themselves as legitimate members of the American society. However, low-income women's consumption experiences are mediated by government agencies because they cannot make ends meet without the help of social safety net programs. The same can be said for women employed in low-wage work – their wages are so low that they must turn to government programs to supplement their income and make ends meet. It is possible that these women's interactions with these government agencies would also influence how they approach consumption as a care activity.

In this chapter, I build on previous research that linked the consumption of material goods with narratives of mothering and caring (Miller 199; Pugh 2004, 2009) by paying close attention to food consumption in low-income households. In addition to analyzing how mothers make consumption decisions, I also examine how the process of resource acquisition may contribute to mothers' sense of powerlessness. I then move on to discuss how mothers combat that powerlessness through family foodwork.

To the mothers in this study, items and services purchased on behalf of a child seem to serve two functions. First, they satisfy the child's material desire or satiate hunger. The mothers describe this function as an expression of their love for their children, and that it is a form of care. Secondly, through the items and services they purchase, low-income mothers are able to prove that they are good mothers. Low-income mothers' ability to raise their children in safe and developmentally appropriate environments is constantly being monitored by the public. Where perceived of real, the

threat of losing their children to the foster care system because of some parenting mistakes on their part looms large on the minds of the mothers. As the story unfolds in the data, the fear of being judged as inadequate mothers or having their children taken away from them looms large on the minds of many mothers in my sample. From their perspective, the state is always seeking opportunities to define and enforce appropriate mothering behavior. Given this context, when mothers are unable to purchase desirable goods (or adequate amounts of these goods), they express a feeling of embarrassment about their status as “flawed mothers” (Power 2003). When mothers turn to the government for assistance, the inequality between poor mothers and social service representatives often transforms the feeling of mere embarrassment into a sense of powerlessness, or disempowerment. It is under this context of powerlessness in the public realm that mothers generate a sense of personal empowerment through foodwork in private spheres.

I define empowerment as feeling in control of one’s decisions and having the ability to project that sense of control onto different aspects in life, ranging from food consumption to economic independence. Management of food preparation provides the disadvantaged women in my sample a domain of familial power that allows them to exercise some individual agency over their domestic space and create a degree of stability in a highly uncertain world (Sukovic et al.: 229). According to the data, mothers use foodwork to educate their children and to create familial bonds. Some mothers use food preparation skills to bridge their public and private worlds by working as cooks or starting their own food vending ventures. As for themselves, foodwork is an opportunity for mothers to establish themselves as good and caring providers, like their non-poor

counterparts. While foodwork-as-empowerment appears to benefit mothers' sense of self-esteem, it does not always translate into positive nutritional outcomes in low-income families. When mothers are short on cash, time, and social support, they focus on satisfying children's immediate gratification through food rather than thinking about the long-term benefits of good nutrition. This claim is probably applicable to all mothers. But as I find in the data, the more disadvantaged a mother is, the more likely she is to find herself in situations where she focuses on satisfying her children's immediate desires. The reason is that future-oriented thinking requires one to have mental, emotional and financial resources to think beyond the immediate need, which is not the case of many of the mothers who can barely stretch their budget to the end of the month.

Consumption as Care

Something for the child, something for the mom. Miller (1998) and Pugh (2004; 2009) have found that regardless of their socioeconomic status or ethnic origins, parents, especially mothers, equate consumption with care. Existing research suggest that middle class and working class parents employ vastly different childrearing strategies, particularly with the organization of children's daily schedules (Lareau 2003). However, children in different class backgrounds seem to manage to have many of the same types of material goods, such as sneakers and card games (Pugh 2009). As Pugh (2004) puts it: "parents of varying socioeconomic backgrounds seem to largely agree on the material basis of a 'good enough' childhood." In Pugh's study, children of different socioeconomic backgrounds covet the same toys and desire the same types of birthday party experiences. The high material basis of "good enough" childhood is always established by middle class parents before it passes down the socioeconomic ladder; the

fulfillment of that inferred expectation is almost always a financial burden to low-income parents (Pugh 2004).

While the mothers in my sample regularly talk about how much they “struggle” financially, they seem undaunted by the financial burdens of meeting children’s material desires. In almost every home I visited for the study, including those in subsidized housing complexes or on blocks with abandoned houses, sales circulars from big box stores were regularly stacked high on coffee tables and kitchen counters. At some point during our conversations about food preparation or purchasing, I would find the mothers’ attention drift to the sales papers, and they would point out the items on their children’s wish list, such as a tablet computer, a new toy, or new clothes. Mothers would then tell me about their strategies for financing these goods - which typically involved calling up relatives, fictive kin and estranged partners (father of the child in question) to help pay for the items. When I asked if such elaborate planning sometimes seemed burdensome, the mothers would respond with: “S/He is a good kid and deserves it;” or “it makes him/her really happy, I can’t afford a lot, but I get what I can;” or, “everyone at his/her school has [X item], I can’t stand the idea that he/she be teased by other kids because I am short [on cash] this month.” The purchase of consumer goods, it seems, is more than just about satisfying children’s desires, it is also a way for the mothers to demonstrate that they have managed to give their children a “normal, good enough” childhood despite their financial struggles.

Terza, a mother in Boston explained to the ethnographer how she justified the purchase of a game console for her daughter’s birthday in the following excerpt:

“My ex-husband is going to give me some money too [...] we are buying her PlayStation (game console that connects to a

television). And the only reason she's getting that is because she wanted Game Boy (a portable game console.) As far as I'm concerned Game Boy is just a lazy game. Play Station has a lot of learning [involved in it]. There's a lot of educational games you can put on it. So we decided to get her that instead. Plus, PlayStation is not gonna walk out of my house, like the Game Boy will.”

Terza’s comments about a PlayStation being more educationally beneficial than a Game Boy highlights the dual-purpose nature of consumption in low-income households. To justify the large expenses, parents use language that describe high “use value” from the luxury items. Which is why PlayStation can’t just be about entertaining the child, it is supposed to serve some educational purpose as well. This is how Terza accounts for her decision to acquire a very expensive gift for her son despite her own financial difficulties.

Furthermore, the act of consumption almost always serves the needs of the parent and child simultaneously. On one hand, having a particular product satisfies the child’s desires; on the other hand, the product carries out a function on behalf of the parents. The function may be educational in nature, as Terza suggested; it may be about showing that their children are well-cared for and not left wanting for things; or it is about keeping children safe at home. For example, an ethnographer in San Antonio wrote the following about her conversation with Beatrice:

I asked her if there was another category of expenses that I might be missing, and she said the kids' entertainment. She rents videos, they rent games; she has bought PlayStations for them and a memory card for it. She tries to give them things that “keep them home - I don't like it when they have to be in the street.”

Consumption is not only limited to the purchasing of physical goods. Some mothers talk about spending money on experiences like “normal” or “non-poor” children and families. For example, Cameron told the ethnographer:

“Okay now we really like Odyssey Fun World (an adventure theme park). We'll go to Fun World maybe once every two months cause that costs money. Go to the show to see a family movies you know. Go out to eat. Sit down as a family and eat. [...] *You know little stuff like that* (emphasis added).”

It was at first surprising to see Cameron describing these expenses as little stuff given her financial status. Her physical disability prevented her from finding paid work and she received food assistance benefits for almost the entire duration of the study. Applying for food assistance benefits is generally an unpleasant experience for Cameron. Below Camron describes the staff at WIC office to the ethnographer:

“They got attitudes up there on Seventy-First Street. Oh they are not nice people at all. They feel that you need them. They real nasty up there you know what I mean.”

In addition, Cameron struggled with long-term debt –for example, she accrued more than \$1,900 in parking tickets for her car, and she and her partner often discussed the possibility of filing for bankruptcy. Yet it was important for Cameron to describe these expensive outings as “little stuff,” thus normalizes these expenditures as routine expenses. As the ethnographer noted, Cameron regularly spent beyond her means to “keep up appearances” in front of her friends – consumption ‘bought’ Cameron some degree of dignity in front of her peers.

Dining out as treats. When families in the sample dine outside of the home, it is often framed as a “treat.” The treat is an aspect of consumption “directed at a particular individual and is thereby excepted from the rest of the shopping [...] on behalf of the household as a whole;” additionally, the treat is “usually regarded as an extra extravagance that lies outside the constraints of necessity, thrift, or moderation” that defines the ordinary shopping experience (Miller: 40). Similarly, when a dining out event

is considered a treat, it reflects that cooking at home is the norm. When a mother prepares a meal at home, she may make minor adjustments to suit the individual tastes (for example, no lettuce for Johnny and extra tomato for Mary), but the bulk of the meal is by and large the same – same ingredients, same cooking style. When a family dines, the event is usually defined by catering to each person's needs. Here is an example from Judy, a mother in Boston. The ethnographer wrote in her field note:

Once a week, Judy and Justin will tend to go to Burger King, where he gets "chicken nuggets, fries, and orange drink." Judy doesn't like the food at Burger King, except for the new spicy chicken sandwich. Alternatively, the two will go to McDonald's in Quincy, where there's an indoor playground. Generally Judy will buy something to eat for herself, too; but "it's hard" if she doesn't have enough money. So sometimes, to please Justin, she'll take him out for a Happy Meal, "'cause it's only a couple dollars," she buys herself a cup of coffee, and then eat later at home.

Judy had just finalized her divorce from Justin's father when she entered the study. The trips to fast food places were a tradition started before the divorce. Living on a reduced income, Judy stopped preparing her own preferred foods at home and cooked according to Justin's tastes, and both were going through a period of adjustment to new routines. These weekly trips became rare opportunities where both would get what they preferred, though financial difficulties clearly meant that Justin's needs still came first. To Judy, fast food was no longer just a matter of sustenance, at a time of change and uncertainty; it had become a symbol of care and stability.

Even when dining out is the bi-product of undesirable events, mothers in my sample manage to extract more use value out of it, turning an unexpected expenditure into a "treat." For example, when Star, a mother in Baltimore got delayed at the Social Security Administration, her medical needs left her no choice but to ask her daughter to

pick up some food from McDonalds. Due to a health condition called gastro paresis, Star could never finish a full-sized meal from McDonalds, but she would not buy \$1 items from the a la carte option either. Instead, she asked for a “kiddy meal with toys. I get the meal and I can save the toys for my grandsons when they come to visit.” Not only does Star get a meal for herself, she is also thinking about ways to entertain her grandchildren within her limited means.

The data from this section illustrate how consumption is an expression of love, which help to explain why meeting children’s consumption needs is a marker of good mothering practices. When mothers purchase goods and services for *their children*, they too receive something for *themselves*: the evidence that they are good enough mothers.

When consumption falls short of expectations. What happens when mothers fail to provide at desired levels? Mothers’ inability to meet their children’s material needs often left them feeling like “flawed consumers” (Bauman 1998) and by extension, “flawed mothers” (Power 2003; Pugh 2004).

Mothers in the study express feeling embarrassed when they cannot meet their children’s consumption needs. For example, an ethnographer following CJ, a mother in Boston noted that CJ expressed feeling “guilty and ashamed” about the lack of presents from her to her children under the Christmas tree. Lynette, a mother in Chicago described how she feels about not being able to meet their children’s needs in the following exchange with the ethnographer:

Lynette: Well when they tell me they want a particular thing or whatever and I know we don't have enough, I sit down with [them and ask them] if we can find something that is a little bit cheaper. [...] They try to understand and sometimes [...] the older ones will [tell the younger one]: ‘you know she can't do that right now just wait until she gets some extra money because we

have to pay the rent or we have to pay this' so its staying in their mind. Every now and then they forget which is OK but most of the time they remember especially if it is something that costs a lot they will be like ma do we have enough to be able to get this. They try to compromise, they are real good about that.

Interviewer: How does it make you feel?

Lynette: Not good. Not good. Not good at all. I know it will I just hope someday whatever they want I will be able to get it for them.

The guilty feeling associated with not being able to provide for their children is rooted in how mothers create distances between themselves and the “bad” mothers.

According to the mothers, bad mothers are those who fail to meet their children’s needs.

Katie, a mother in Baltimore said:

“I know this female who gets almost \$1200 every month for her and 6 kids. She calls me every month for extra food. And I’m like “no!” There’s people who really need them and here you are wasting yours or selling them or doing whatever you’re doing with them. Your kids are hungry!”

While “poor mothers” are assigned the label because they fail to meet children’s survival needs (food, clothing and shelter), that qualitative difference between “survival needs” and “material desire/needs” seem to matter less to how sample members see themselves.

Halfway into her participation in this study, Katie became a part-time unofficial caregiver to her 18-month-old niece Jada. According to Katie, her sister never fed Jada enough food, so the child was constantly hungry and looking to eat more food whenever possible. Jada would ask for portions of food meant for older children and was always asking for more food. Katie tried to tell her sister to seek help from the WIC program so that there would be enough milk for the child at home. She eventually threatened to report her sister to Child Protective Services (CPS) so that she would take her seriously. By the end of the study, Jada was staying at Katie’s house least 3-4 days a week.

CPS represents the mechanism through which mothering practices are held publicly accountable. Several examples show that the mothers' behaviors are always being monitored and the threat of having an open CPS loomed large on the minds of the mothers. On the day Tiara, a Baltimore mother and I first met, her daycare provider reported her to CPS because her two-year-old daughter arrived at the center with a sprained wrist. According to Tiara, it was the result of the child falling off her bed when playing in the morning, which she explained to the daycare provide. The daycare center did not want to be responsible for a child with an injury, so police and CPS became involved, and Tiara was two hours late to work. Maxine, a San Antonio mother was reported to CPS because at a regular health checkup, the nurse discovered that she dressed her son's burn wound herself instead of taking him to the emergency room (in an effort to avoid being reported to CPS for his accidental burn wounds in the first place). In another example, Fiona, a young mother in San Antonio was reported to CPS by her neighbors because her children were making a lot of noises, "always running around the building and being unruly." The ethnographer later confirmed that the CPS case against Fiona was dismissed.

Even though none of the mothers in this study were reported to CPS because of child malnourishment or neglecting children's material needs, the fear of being considered an unfit mother because they have not provided "proper care" to their children resonates throughout many of the interviews. This fear may contribute to the mothers' food purchasing habits. The presence of material goods and food in the home would at least provide mothers with the overall appearance of being good and caring providers to anyone who may be monitoring their behaviors.

Making-do with what we have. In low-income households, cash always seems to run out before children's material desires are met. As a result, some mothers proactively change consumption expectations of their children. For example, half way into her participation in the study, Katie stopped coaching basketball teams to take care of her boyfriend who was diagnosed with cancer. While she did not lose her food assistance benefits, she lost the little disposable income she had. She had to talk to her children about cutting out some expenses:

“Um. I haven't done any substituting work. I'm gonna say it's been almost a month, but- The only, the biggest difference is, okay, it's- at- at first where as though the kids and I will say, okay, y'know what, I'll stop at McDonald's, I'll stop here, or whatever y'all wanna get before you get in the house. Y'know, I cook a lot anyway, but it's like, here, we can go, y'all can this for a quick- now as, I had a conversation with them about this. Like, hey, mommy has to stop doing all this extra spending just because. I said, um, we need to. I said I'll- if you want something from the store, you want something from the market, write it down. I'll get whatever extra snacks y'all wanna get from the market or whatever. And, we'll do it that way. Versus me going to McDonald's and y'all getting, y'know, McFlurries and all this other stuff. We can go buy some ice cream. [laughs] They understand. They're okay.

In this example, we see Katie engaged in a strategy I call “making-do,” replacing ice cream snacks ordered from a drive-through with store-bought ice cream. From Katie's perspective, this is a money-saving strategy. But this is also a protective strategy – Katie maintains the role as a caring provider mindful of her children's food needs – she does so by inviting her children to participate in her food provisioning work by allowing them to contribute to the grocery list and have extra snacks readily available at home (as opposed to a weekly trip to McDonalds). Another mother, Vivian in Boston would freeze lemonade in paper cups at home so that her children would be able to access an

inexpensive frozen treat at any time instead of running after the ice cream truck with the other children.

From a nutrition perspective, the “making do” strategy can be potentially harmful in the long-run. Even in the absence of formal nutrition education, most mothers in the sample are aware of the relationship between diet and disease risk, and they are also able to distinguish a healthy snack from an unhealthy one. This characteristic of the mothers is consistent with what was reported by the USDA in 1999 (Guthrie et al. 1999). However, closer examination of the dietary patterns show that mothers engage in practices inconsistent with their knowledge. For example, about a third of the mothers in the Three City Study are seen giving their children “juice” when the ethnographers noted that the juice was in fact Kool Aid, a far cheaper alternative with high sugar and artificial coloring content. In households that are actually at risk of going without food, mothers and other adults made food last longer by eating after the children had their share, sometimes the adults would go without food completely for a meal or a day. About half of the mothers in the sample reported having skipped meals to make sure that food lasted in the house.

When help hurts. The feelings of inadequacy and embarrassment sometimes become a sense of disempowerment and dignity loss when mothers interact with social service workers who were supposed to help them. Being made to feel “invisible” or “like nobody” were common phrases. Mothers reported feeling the social stigma of being on welfare. For example, here is a description of how Belinda experienced social services as a child

“I went to the welfare office with my mother. I wasn't allowed to talk to anyone when I was there. It was shameful going there.

You kinda hid your face a lot. You didn't want nobody to see you at the aid office. Kids would get teased if they were seen "with yo' mama down at the welfare line. You want to be invisible."

Marla, a young single mother in Boston talked to her ethnographer about social service workers' lack of respect for their clients. The lack of respect from those who were supposed to help her was reason enough for her to leave welfare as soon as she could. As stated in the field notes:

"She talked about the waiting room, the apathy of the workers, the lack of respect for client time, and the rudeness of workers and linked it to her refusal to get back on welfare. In addition, she talked about the clients and their need to get off [welfare] to avoid dealing with the office."

Becky, a mother in Boston was cut off from her TANF cash grant, but was still eligible food stamp benefits. However, there was a lapse in the recertification process, and she was cut off from her food stamp benefits for three weeks. Becky described her most recent trip to the welfare office to the ethnographer. Not only did she feel mistreated by the social services clerk, she left with no food stamp benefits and needed to find a way to feed her daughter for the following three weeks.

"The lady, when I went to apply, she was so mean, I mean, she was just, unbelievable. She's like, ok, we want your child support check. We want copies of your child support check, landlord verification. I'm like, it's already in the file, everything's already in the file. So, I have to go and reapply, and then it's gonna take three weeks for me to get food stamps. How am I supposed to feed Mandy until then?"

Becky was able to get some temporary food assistance from her mother, but instead of making meals at home, her mother insisted on buying takeout foods and once again

leaving Becky with no extra food at home. Becky's attempt to exercise some control in her daughter's diet was put on hold until she started to receive food stamp benefits again.

Tamara, a single mother to six boys (but she was only receiving food stamp benefits for two of them because the others received disability benefits) in Boston, described an episode of social service application to the ethnographer. Her caseworkers suggested that she had to be grateful for her considerate caseworkers because they were being kind to her by calling her to come in and sign the correct paperwork. Here is what Tamara said about how she responded:

“You know, this whole damn thing gets on my nerves! I don't feel like I need to be grateful - I'm getting \$110 apiece for my two boys. I told the worker that when they needed to see me again they should call me and I get to decide when I could go in. I wouldn't be “summoned” to the welfare office. They just want to show so much control. So much power.”

Tamara continued to receive food stamp benefits throughout the study, but decided against applying for TANF cash aid again. All through the end of her participation in the study, her family regularly experienced food insecurity and financial hardship – this was the price Tamara paid in her effort to protect her sense of dignity.

The Trouble of Equating Consumption With Care

So far in this chapter, that the focus has been on how low-income mothers purchase consumer goods serve two purposes: first, this satisfies children's desires. Second, the mothers' justifications of these purchases show that they too gain a sense of satisfaction and pride from providing the items – they prove to the world that they are mothers who care about the desires, development and well-being of their children. Even though the mothers in my sample are poor, they still want the world to see they are able to provide their children with childhood that is free from want, just like their more

financially-secure counterparts. This is not to say that the mothers in my study only provide care for the sake of appearances and do not generate a sense of genuine satisfaction about themselves. In fact, as examples from Star and Katie illustrate, the mother feel good about themselves when they can meet their children's needs, and this can have positive effects on the mothers' self-esteem. However, what I wish to highlight here is low-income mothers face a different parenting context. Given constant threat of being seen as unfit mothers and the potential implication of having their children taken away from them, the appearance of being good mothers through consumption is a protective strategy that has become a regular part of mothering in low-income contexts.

Equating care and good mothering with consumption is problematic for low-income mothers. While the mothers can sometimes purchase the goods and experiences that allow them shape relationships of care and love, their constant resource constraints mean that trade-offs are made with every purchasing decision. While there is no public assistance program to help parents meet children's consumer desires, there are several federal food assistance programs that help mothers meet their children's food consumption needs. That said, the assistance often comes at a price. The examples of unpleasant encounters with social service agencies illustrate that not only do mothers feel embarrassed about their inability to provide for their children's consumption needs, their feeling of embarrassment turns into a sense of disempowerment when representatives of welfare agencies deny them access to help or unnecessarily complicate the process for help. It is in this context that mothers turn inward and rely on their household foodwork to generate a sense of empowerment and confidence.

Empowerment Through Food Preparation

Despite their usually unpleasant interactions with social service agencies, all of the mothers in my sample were able to access some type of food assistance benefits. The assistance comes in two forms: money designated for food only through SNAP; and actual food items through the WIC program or food pantries. SNAP gives mothers ample freedom to make their own food choices (anything except hot ready-to-eat foods), the WIC program and food pantries give mothers fewer options over food items. While food does not replace other material goods that children desire, the essential and recurring nature of family feeding practices provide the mothers with opportunities to engage in the “production of consumption” – the creation of goods and services for consumption within the boundaries of the home (McIntosh and Zey 1989:317). With the help of food assistance benefits, mothers who are unable to purchase expensive toys or clothing for their children once again become able consumers and caregivers by purchasing or preparing meals for their families.

Foodwork as Education

Foodwork gives mothers the opportunity to engage in the production of consumption; they go from being mere consumers with limited choices in the food marketplace to producers who are free to create food items and food events at home, away from the public eye. Using foodwork to teach children knowledge and skills changes the narrative that only good providers can be good mothers. Mothers become empowered through foodwork because now take control of what skills and knowledge they intend to share with their children, instead of waiting for the next material demands to come from their children.

Eating across cultural and class boundaries. Research has found that middle-class women, and sometimes men, find cooking to be a form of entertainment – they plan elaborate food events, such as front porch Sunday brunches and backyard barbecues, as a way to relax and entertain (DeVault 1991: 210-223). In-depth interviews and media content analysis reveal that middle class individuals view food as a medium for displaying class and cultural distinction (DeVault: 206-210; Johnston and Bauman 2010). To date, research on “finding pleasure in cooking” has primarily focused on the wealthy and more educated individuals who can afford to use food as a form of relaxation, far less is known about how low-income people view the cultural aspect of foodwork. The empowerment lens reveals that low-income mothers view family feeding as a transmission of vital survival skill. They too, try to create some type of class distinction through food – but their main purpose is that their children become familiar with the language and cosmopolitan nature of middle-class dining events instead of knowing only the cheap fast food outlets ubiquitous in low-income communities.

For example, Reina, a single mother of four in Baltimore, described some of her dishes to me during our first meeting:

“We don’t go to the takeout joints in my neighborhood, I’d rather cook at home. I watch cooking shows on the Food Network [...]. Snapper was on sale at the market last week, so I bought it and I put in [parchment] paper with some onions, seasoned it, poured some white wine in there and baked the thing. It was so good, and my kids liked it. They thought it was fancy to eat fish baked in paper. If crab meat is on sale, I’ll buy it, mix it with eggs and cheese and bake it in a pie crust, it’s a quiche.”

At a first glance, one might interpret Reina’s descriptions as a form of distinction-making, letting me, the interviewer, know that she was above going to the fried food joints in her neighborhood (where fish was only sold battered and deep-fried, and quiches

appear nowhere on the menu). However, Reina certainly did not consider herself to be of middle-class standing – her family lived in a high crime neighborhood in west Baltimore, and her house was the only occupied property on her block, the rest were abandoned houses. She worked as a medical assistant at a nursing home on an as-needed basis, making at \$8.50 an hour. Reina would not be able to feed her children as well as she did if she lost her monthly \$600 SNAP benefits and the in-kind benefits of eggs, cheese, milk and bread from WIC. Despite these economic challenges, Reina used cooking and meals to teach her children a skill that hopefully one day would help them assimilate into middle-class settings. In the same conversation, Reina explained to me that her decision to cook these “fancy” dishes was so that her children would be exposed to a wide variety of foods so that they would never be ignorant of new things when invited to a fancy dinner by someone of higher economic or class standing:

“I’m just trying to expose them and to getting them to try different stuff so they know different tastes. I don’t ever want to see my children be like ‘huhhhh, oh! I’ve never had this before.’ Like I don’t want them to be blind to some things, you know what I mean?”

Katie wanted her children to know about other cultures so they became more knowledgeable of the world. This was in part influenced by her ethnic heritage, which was not “Baltimore black”. She said: “on my father’s side, they are part White, part Indian, half Black. [...] On my mother’s side, a couple of my aunts are German [...] and we have a few relatives from St. Thomas, so yeah, we’ve got a bit of everything.” In addition to traveling, Katie actively encouraged her children to sample foods from the cultures represented in their families as well as venture out to other cultures. Katie always

tried to replicate dishes she had at a relative's house, if there was something she could not make at home, she would take her children out to ethnic restaurants:

“[T]hey like Sakura⁹ out in Hunt Valley. If we go before 4 o'clock, the menu is half price. They get to go and watch the chef do all the flips and tricks and stuff [chuckles]. And, um, I've never spent more than maybe forty dollars on all three of us.”

Katie was always careful to remind me that she is not *from* Baltimore, which to her, represented rudeness. As she told me: “It's just here in Baltimore, um, it just appears that people that are *from* here- are ruder than in anyplace else I've ever been.” She also often talked about wanting to move away, and not wanting her children to “act like they are from Baltimore.” Her attempt to instill in them a sense of worldliness through food can be seen as a way of preparing them for a better life ahead.

Empowering children with a survival skill. The techniques and skills associated with family feeding are usually transmitted from parents to children, specifically, mothers to daughters, within families. The task of transmitting this knowledge is considered an important responsibility of respected elder women (Beoku-Betts 1995; Bowen and Devine 2011). Previous works has found that children, especially girls, are regularly expected to contribute to household labor in low-income households at younger ages than their peers in wealthier families (Burton 2007; DeVault 1991; Dodson and Dickert 2004). In female-headed low-income households, mothers find themselves having to teach their children about cooking out of necessity because they have few other means of support coming from family networks or spouses. Mothers view the transmission of cooking skills as something that empowers their children, to carry out duties of “child caregivers.”

⁹ A Japanese restaurant.

Sometime, mothers teach children to cook at an early age because they have demanding work schedules or have too many children to look after. Estrella, a Latina mother in Chicago regularly asked her eight-year-old daughter Lisabeth to take care of her younger siblings. She described to the ethnographer:

“The last time I was in the kitchen with her, she was [learning to make] rice with chicken, she's kind of scared that it will jump and burn her. But I have to try to, get her strong and get her used to [cooking] so she can do it for herself soon.”

Similarly, Robyn, a mother in Boston told the ethnographer that her four-year-old daughter, Kali was able to make breakfast (cereals and milk) for herself and liked to make grilled cheese sandwiches in the microwave so she would not have to wait for help from her older brothers or mother whenever she was hungry.

Poor maternal health conditions also appear to be an important impetus for mothers to teach their children to start cooking early. Reina describes her decision to cook at home as a parenting strategy shaped by her fibromyalgia, which causes chronic pain that sometimes incapacitates her for several days. The fear of losing her children due to health-related financial difficulties guided her parenting decisions. She saw cooking as a basic survival skills for her children so that should she experience a particularly bad episode of pain, at least they would not go hungry. She says:

“Well tomorrow ain't promised. I mean, it's one thing you got diseases and freak accidents—it's so bad these days, you can die any day, and like I try to explain to them if somebody has to take y'all—you know, and take care of you, don't nobody wanna take care of kids that's gonna be a problem. And I wouldn't want y'all to have to be split up in different foster families, so y'all need to know what y'all have to and how to do it and look out for each other so if—god forbid if I'm not here tomorrow, nobody's not gonna mind takin' all of you at once.”

Interestingly, Reina did not view losing her children as a threat of public accountability – she is actively preparing her children for the possibility of being in the foster care system. Reina was very proud of the fact that her oldest three children, aged 12, 10, and 8, already could cook their own meals. To her, she was guiding them to be independent; in Reina’s opinion, this would increase their chances of staying together should they ever end up in the foster care system. It was in fact quite normal for her 10-year-old daughter to prepare meals of hamburgers and fries for everyone in the house.

Iris, the 12-year-old daughter of Natalia, a mother in Chicago with severe diabetes, took care of her family’s food needs. Throughout the study period, the ethnographers noted that Iris regularly brought food to her mother as well as the whole family. In fact, Iris and her younger sister Nichelle often get into friendly fights about who was the better cook in the house. When high-income parents involve children in food preparation, children are usually involved as “kitchen helpers” (Beagan et al. 2008), rarely do high-income parents expect their children to become fully independent in the kitchen at young ages. In many cases, children who are taught care-giving skills by their mothers become the primary caregivers to their younger siblings. Many of the mothers who engaged in such practices were raised in similar fashion themselves– and they found being viewed as a reliable contributor to the household to be a rather empowering experience. In Burton’s (2007) terms, these skills would be considered developmental assets for the children because they allow children to develop confidence, leadership, responsibilities (333).

Foodwork as an Economic Tool

Foodwork changes the narrative that low-income mothers lack or refuse to seek economic independence; the examples in this section will show that mothers use their

culinary skills to improve their financial standing. In her study of the “waiter-carriers,” nineteenth-century black women who sold food to train passengers from train tracks and station platforms in post-emancipation south, Williams-Forson (2006) concluded that “[f]ood serves more than its intended function to nourish and to satiate;” to the women in her study, “the trading and selling of foods for commerce also provided relative autonomy, social power, and economic freedom” (35).

William-Forson’s point still holds true for the disadvantaged women in my sample. In addition to preparing food for home consumption, many of the mothers use their culinary skills to achieve economic independence. There are two important differences between the women in my sample and those in Williams-Forson’s study. First, the economic opportunities for black women have changed since the nineteenth century. The black waiter carriers started their enterprise because they had few other options – they had just emerged from the era of slavery and were not fully incorporated into the paid labor force, particularly not in the rural communities where they resided. The black mothers in my sample, on the other hand, can (though not always) find paid work in a wide range of sectors, including in food services. However, while the women in Williams-Forson’s study thrived in the economic niche they created for themselves, the mother in my study found themselves struggling make ends meet working in low-wage work.

Second, the waiter carriers operated as a community enterprise – they shared the ingredients, preparation duties, profit and leftover unsold foods – collectively, they competed against trackside taverns and restaurants run by white owners (William-Forson: 31-33). Not only do the black women in my sample live in urban communities, which

offer limited access to the ingredients and equipment for cooking, they are also far less likely to find the kinds of community resources or mutual support that contributed to the success of waiter carriers. Interestingly, in this multi-ethnic sample, it is the first-generation immigrant Latinas who are most likely to be engaged in small-scale food-vending enterprises out of their home kitchens and street carts. The first-generation often have connections to ethnic/cultural centers catered to their needs so they are better able to find the ingredients and knowledge needed to prepare street-ready foods. Furthermore, they are able to find a regular customer base - compatriots who crave the taste of home - who make such small enterprises viable.

About half of the mothers in this study have worked with food in their paid employment. Fifteen out of the 56 mothers had been employed as line cooks or servers, most of them in fast food restaurants where little specialized training is required. Mothers who worked as childcare providers at home or at a childcare facility (12 out of 56) also have engaged in foodwork during their workday, preparing, serving and monitoring the eating patterns of other people's children in their care. Most of these mothers have never had specialized training in food preparation, and would describe their positions in the food service industry as "dead end jobs."

As I proceeded with my analysis, I found unexpected ethnic differences in my sample. First, none of the European American mothers expressed interest in using their cooking skills as an economic tool. If asked about professional aspirations, most of the European American mothers wished to work as office clerks, bank tellers or childcare providers. Only the black and Latina mothers openly discussed the possibility of using food to achieve some sort of economic independence. As I examined the

mothers' narratives in this realm, I found that social networks and neighborhood contexts had a lot to do with whether or not the mothers were successful in using food to achieve greater economic power. For this reason, I decided to separate the black and Latina samples as I present the data.

Going alone – the experience of black mothers. In contrast to other women in the sample, Liberty and Dana stand out in their longevity in and positive experience of working in the food industry. Liberty is a black mother of five in Boston. Her father was once the executive chef at the Boston Convention Center; Liberty learned to cook with him and sought advancement opportunities in cooking. She too worked as a cook at a convention center (in New Orleans) and was the primary breadwinner of her family for nine years. Liberty was only able to balance work and home life because her mother-in-law provided child care in New Orleans; this support was not available to Liberty in Boston. After Liberty moved back to Boston, she applied for TANF cash aid and subsequently started to work as an aid in a local public school system. Even though Liberty no longer worked in a high-volume kitchen anymore, her previous experience of managing a kitchen appeared to have some benefits for managing chaotic school lunch rooms as well. As the ethnographer wrote in the field notes:

“[The school district] pays her well and she gets to work with kids all day. She really enjoys it! She is a lunch monitor and bus monitor, so she has to be there in the morning when the buses come in and in the afternoon when they go out. [...] Everyone is surprised how well the children listen to her, she has set up a system of claps in the lunchroom that gets the children's attention like no other.”

Liberty's professional cooking experience also influenced how she prepared food at home. Some mothers in the sample avoid using unfamiliar vegetables in their home

cooking because they do not know how to prepare it and are worried about wasting the food. This was not a problem for Liberty, the self-professed “vegetable freak” who always bought surplus vegetables at discount and prepared them at home. Liberty’s case shows that when given the opportunity and appropriate training, food preparation skills become something that low-income mothers rely on for greater economic independence.

Dana was a 38-year-old black single mother of eight boys. When she entered the study, her family was living in a housing project in Chicago where “dodging bullets on the way home” was the norm. All of her children had complicated health histories and she had been reliant on welfare all her life. Dana had a long history of drug and alcohol abuse, her oldest son was in and out of jail throughout the period of study. Dana was unable to find stable full-time employment because her children’s health conditions require her to take time off from work with little notice.

Just before she enrolled in the Three City Study, Dana attended a drug rehabilitation program through the city of Chicago, which also allowed her to attend culinary training at the Chicago Anti-Hunger Federation. For the majority of the Three City Study, Dana was employed as a substitute cook by the Chicago Public School System. The position was by no means a stable job, and being a school lunch cook was hardly a prestigious position. While the pay was relatively high (\$9.16 per hour in 1999), the work hours were unpredictable and barely supported the family of eight. However, unlike the other jobs she held, Dana had a tremendous amount of freedom for deciding how “the job was to be done.” She described to the ethnographer how she prepared “hush puppies and catfish for the teachers” in her special way with a great deal of excitement. Dana’s professionally acknowledged and certified cooking skills enabled her to stretch

the amount of food she was able to prepare for her children at home. For Dana, her knowledge and professional training in cooking fueled her other aspiration, which was:

“owning her own restaurant, something not too fancy, catering to families with a nursery to take care of the kids while the parents have a nice meal.”

Dana’s cooking skills also fueled her desire to give back to her community. As Dana told the ethnographer:

If I had my wish, I will be busy taking care of people, I like giving, I want to open up a shelter, cook and give it away. The smile on people's faces when they eat a good meal, they be like oh girl, don't let me miss a week, they be like, girl where you been? You can't be getting sick, they be like: we can't cook, we need you!! I cook with love, it's a gift I got here and I like giving. I'm going to have me business, I do it now all day anyway, I feed the hungry people [across the street], sometimes I don't know what to cook (because I don't have food to cook), but if I don't, I'll take him some peanut butter and crackers, he love peanut butter and he love white crackers. I got him a thing, he got plenty of things, like this morning I made him a ham sandwich, and tomorrow he got some pasta salad, the other day I made potato salad and a slice of chicken.

Dana recognized her ability to prepare meals as “a gift,” which a sign of self-assurance that few other mothers in the study openly discuss. While she always enjoyed cooking, the fact that she was able to see it as a long-term career further empowered her to continue pursuing her dreams and aspirations. However, Dana faced many different obstacles: her children’s health problems, her own history with drug addiction, the lack of social support in her life and the instability of her employment and a lack of capital all prevented her from realizing her dream of opening a restaurant and shelter that serve low-income families. Other mothers with stronger support networks may be more likely to benefit from the confidence than Dana, such as Yves, Lena and Laila, all first-generation Latinas who generated extra income by selling traditional foods.

The power of networks: the stories of Latina mothers. Lena was a Puerto Rican mother living in a predominantly Puerto Rican neighborhood in Boston. Lena always considered herself to be a good cook, when she tried to apply for TANF cash aid, she was “disgusted with how nosy” the welfare workers were about her life and decided to only apply for food stamp benefits. Because she was able to combine WIC and food stamp benefits in her food budget, she had enough money to purchase ingredients for traditional Puerto Rican foods and sold them to supplement her income from her nursing assistant job. Lena would not have been able to capitalize on her cooking skills if she didn’t live in a community that had an appetite for Puerto Rican foods, and she would not be able to leave the house for long periods of time selling these items if her husband and older children were not willing to provide childcare support.

Laila is a Mexican woman married to a Puerto Rican man. Her family lived in a neighborhood that had a high concentration of Puerto Rican and other Latino residents. Laila worked at Chicago O’Hare Airport packing food trays for planes. She was paid at \$9.35 an hour. Even though both Laila and her husband worked, they still qualified for food assistance benefits. To make ends meet, Laila sold *gorditas* (Mexican sandwiches) on Mondays and Fridays at her children’s school. She told the ethnographer that she only sold on those days “because these were the days that no one wants to cook.” This enterprise would not have been possible had Laila not lived in a predominantly Latino community or known about the dining habits of her potential customers.

The sense of empowerment generated from financial independence sometimes spills over to intimate relationship dynamics as well. Yves was a first-generation Mexican immigrant living in a Chicago neighborhood that consisted of “working-class

Mexican immigrants who work in factories.” Yves did not speak English, so all of her social and economic activities took place within the neighborhood she lived in.

Yves started dating Isaac about half way into her participation in the Three City Study in 2001. At first, Yves and Isaac contributed equally to household income.

However, they both lost their jobs after her third child was born and she decided that she would try to generate some income by selling tamales on the street. Yves and Isaac would wake up at three in the morning to make the tamales and then Yves would work day and night, seven days a week selling tamales on street corners. Isaac would watch the children while Yves was selling tamales – he was too embarrassed to be seen selling food out of a cart. Through this small business, Yves became the sole breadwinner of the household.

Yves and Isaac got married a year after their child was born; shortly thereafter, Yves learned that Isaac was having an affair with a younger woman and told him to leave. As Yves explained, “he was not being much support anyway, so I kicked him out and he was not allowed to bring even his clothes with him.” While the street food business was not always profitable –Yves reported episodes of food insecurity during this time – the business nevertheless gave Yves the confidence she needed to leave an unhelpful and cheating partner. The departure of Isaac could have been devastating for Yves if she was not able to return to her church and extended family for emotional and instrumental support in the forms of small loans and childcare. At the end of the study, Yves was preparing to return to Mexico with her children, to live with her mother and start a beauty salon.

This section shows that mothers’ foodwork skills become especially valuable when they can be translated into economic opportunities. The entrepreneurial spirit of the

five mothers described in this section are the exception rather than the norm in my sample in that they saw a connection between household foodwork skills and economic opportunities and vice versa. However, the kinds of confidence these women show in their cooking skills require cultivation and ongoing support. Other mothers who worked in food service saw little connection between the tasks of cooking at home and at work. Dana and Liberty both received some formal training in food preparation prior to their food-related employment, but Lena, Laila and Yves received no formal training. Yet we see that Lena, Laila and Yves seem to have greater degrees of control over how much money they made than Liberty and Dana. I would suggest that this was only made possible because in addition to support from social welfare programs, the Latina women also received vital instrumental support from their social networks, and it is the combination of these two types of support that helped them to balance economic and care giving responsibilities. In comparison, Dana and Liberty received little useful support from their social networks, and depend almost entirely on support from public institutions for childcare, financial assistance and employment opportunities.

Recreating a Home From Afar

Previous research has found that mothers use food preparation to create a sense of community and define their family (Counihan and Van Esterik 1997; Counihan and Kaplan 1998; DeVault 1991). This is especially valued by mothers who experience major life or routine disruptions brought on by international migration. Mothers, as primary caregivers and preparers of food, find themselves mediating these social interactions and power interplays that coalesced around gender, race, class, and region brought on by migration. In many of the cases of the mothers in the study, when they moved across

country lines, they left behind whatever accomplishment that had accumulated and had to start a new life in a foreign country where they did not speak the language and were defined not by their unique cultural heritage, but defined as poor Latina immigrants. First-generation Latina mothers in the Three City Study are seen using foodwork to recreate familiar environments (increasing sense of control) and re-establish themselves as people of unique cultural heritages rather than the anonymous urban poor (a form of empowerment).

Food builds a community. The first-generation Latina mothers in the sample came from the Dominican Republic, Honduras, Mexico, and Puerto Rico. They moved to the United States in search of better economic prospects, to escape domestic violence at home, or simply followed their romantic partners to a new country. In many cases, the Latina mothers found themselves isolated in a new place, not being able to access their large social networks back home and being shut out of the opportunities they came for. Often, these mothers found themselves living in neighborhoods ridden with gang violence, and found public spaces outside the home to be unsafe for their children. Furthermore, many of the mothers felt disrespected by the social service agencies that they often had to rely on because the caseworkers did not speak Spanish. Given these sources of “threat” in the world outside the home, the mothers turned to creating a familiar world at home to recreate a sense of control (and feel more empowered) of their world. Food is often the tool of choice.

Julia left an accounting career in Honduras and moved to Boston with her husband for better opportunities for their family. Julia was trained as an accountant, but in America, the best job she could find was working as a janitor for the Hilton hotel in

downtown Boston. While they moved to the U.S. on their own accord, Julia and her husband dream of retiring back in Honduras one day. For this reason, their parenting practices focused on helping children maintain their sense of Honduran culture. Julia told the ethnographer:

Julia: I am 100% Honduran.[...] It is really worthwhile for them to be bilingual. I also think that family is important. People here are not family oriented. I think it is really important and humbleness is important too. I want for them to learn that being happy is not about having things. That is why I want them to visit Honduras. Being Honduran also means that the children can appreciate food, *good* food, music and dance.

Interviewer: You mean the Honduran parties?

Julia: Sure, the parties are great, they are important, but we don't have time for that all the time. We have to do other things, like cooking Honduran food and teaching the children how we behave. This is a way to influence the development of our children the amicable way -it is soft and subtle, slowly but persistently [...] far all the children call themselves Honduran. We don't know what will happen later, let's hope it remains this way."

In this excerpt, we see that being Honduran means that Julia's children will remain family-oriented, unlike the other low-income people that live in their housing project. It also means that the children will not succumb to materialistic culture in America. This is an important tool for the parents because they simply cannot afford their children the material goods they see and desire every day. Food is the most immediate way for Julia's children to get in touch with their Honduran identity, and Julia is constantly talking to her ethnographer about her cooking. Julia even regularly invited the ethnographer to share meals with the family. The act of inviting the ethnographer to a home-cooked meal is in part a display of politeness, but it did more than showing good manners. The respondent became the host, she asked more questions of the ethnographer (instead of answering questions asked of her), and she directed the speed of the interviews.

Other mothers did different things to establish traditional cultural ties to country of origin. When asked of a favorite traditional recipe, Lena shared a coconut-based “arroz con dulce” (rice pudding) with the ethnographer. After a little debate, the two women agreed that Lena’s recipe would be “uniquely Puerto Rican” because other Latin American countries also had rice pudding recipes. Upon finishing describing her recipe, Lena proceeded to tell the ethnographer that the family typically avoids vegetables, but eats a lot of oranges, apples, pears, watermelon, grapes. The ethnographer noted:

“One can see that this family has maintained their tropical island custom of favoring fruits over vegetables. As with many Latino families, there is a lack of vegetables included in the diet. Most children in this family had retained their fruit heavy diet.”

In addition to using food to establish cultural ties with their country of origin, first generation mothers also use food and food events to broaden their social network in the United States. Julia regularly attended Honduran food events; in fact, she was often the one cooking for events. Her practical cooking skill combined with her high agency created social capital for her. The friends and social ties she made through these events enabled her to “access many local services that second generation Latina mothers did not even know about.”

In Chicago, Estrella talked about making pasteles (a Puerto Rican food item similar to Mexican tamales) from scratch with her extended family. They would have to make their own masa (instead of corn meal, the Puerto Rican version uses green bananas, plantains, taro root and potatoes). To make masa from scratch was a tradition that started after the family migrated to Chicago.

Estrella: Back in Puerto Rico, we bought the masa already made, but we have to make them ourselves here. You’d have to scrape and cut the green banana to make the masa dough. When I

learned how to do it the old fashioned way, scraping in your fingers, I used to get scratched and that's what I had. My mom was like "I got tired of scraping and doing this!" So they bought my mom a machine last year, they gave it to her as Christmas present.

Interviewer: So how long would you say that it takes for you guys to make these pasteles?

Estrella: Well, it will take like a whole day. But we don't, we choose not to make it during the day cause all the kids want them, pick their fingers, and so we wait till they fall asleep. And we'll just sit around the table. Before when we used to do it by hand, we used to stay there forever, like scraping, put it in the banana leaf, freeze it and leave it there for the next day, cause you're tired. And uh, now that she has the machine, it's fast, you know, she just puts the bananas in the machine the masa comes out itself. We make, stuff them, roll them, its fast, it's easy, and faster that way. I learned, for Christmas, to make a sweet one. I learned how to make that. And I was the first one to ask my aunts, you know. I told them I wanted to learn. I felt that my husband would like it. And my grandmother showed me how. One year my grandmother wasn't here [Chicago] and I decided to make it myself. I bought everything and it came out just like my grandmother's and everybody was like, "oh, now we got you to make it, you have to do it every year now." I don't usually make it because my husband doesn't like it [...] Since none of my kids like it so I wouldn't do it as *my* tradition. But if they [relatives] ask me to make it, I'll make it. It's not a problem. Now, regular meat pasteles, my kids love them, and my husband loves it. That I will make as a tradition, keep on till my grandkids, my great grandkids and let it keep going."

For Estrella, the practice of making pasteles was something that brought the family together at holiday times. The extended families still comes together and support each other. Several relatives share the cost of making the pasteles as a family tradition. In Estrella's family, relatives provide child care support to each other, they also trade food stamp benefits whenever someone is in need.

The family bonds over the sharing of food in many different ways. In San Antonio, Fiona does the same thing for her family – making food together when they can

to maintain the sense of family bond, sharing food with extended family members as a way to cultivate a social network when there are few other resources to turn to. All of these examples are meant to illustrate how mothers take matters into their own hands and try to insert a sense of control into their otherwise chaotic daily life.

Cultural identity vs. economic identity. The cultural ties that immigrant mothers try to create through food also create a sense of class distinction. Mothers project positive cultural qualities onto their children. For example, Julia's quote from earlier suggests that to her, those who consider themselves to be Hondurans are more devoted to their family, they are also less driven by material goods than Americans or second generation immigrants. As my own data and past literature suggest, that type of connection between origin and destination erodes with time and generational changes. However, immigrant mothers, regardless of generation, still talk about their cultural positive values through food and use it to draw boundaries against other cultural groups. This point is especially important for mothers who have experienced a tremendous amount of stress.

In the quote below, Vivian, a mother whose experiences with extreme food insecurity was shared earlier in this chapter, talked about her cooking. After one particularly depressing conversation with the ethnographer about receiving food handouts from their neighbor, perhaps in an effort to cheer Vivian up, her boyfriend Eric said:

Eric: I love the way Vivian cooks, she cooks better than my mother.

Vivian: (seen nodding in agreement) I learned with my ex's mother. She is Puerto Rican and she taught me to cook with a lot of flavor.

Eric and Vivian (in unison): You should come to eat with us sometime when we have more food again.

Vivian proceeded to give the ethnographer two traditional Puerto Rican recipes with detailed instructions. This short encounter is significant here not only because Vivian

was able to offer something to the ethnographer (two recipes) at a time of extreme food shortage, she still believed that she will be able to overcome her current challenges and become food secure enough to invite an outsider to their home for a meal. The mention of Puerto Rican traditions is also significant here, mostly because in other interviews, Vivian had expressed the opinions that [white] Americans can be anti-social people and her own American family friends refused to help her and her mother out when her father left them.

Kalayla, a European American woman felt very strongly about her children being fully immersed in the “Hispanic culture like their father.” According to Kalayla:

[T]he Hispanic people in the project act very high class. If you'd go to somebody's house, that was Caucasian, not in all cases, but in most cases, it would be, like, not dirty, just like, messy, and like, cat hair all over the place. The Hispanic homes, at least the ones I have been to in this project are incredibly clean and well kept, and the people have put a lot of time and effort into improving and making them nice. I have been into two different apartments of white families in the project, they have lived here for years, and they were both dirty.

Kalayla's boyfriend was Hispanic, she liked Spanish foods and wanted to raise her children in that culture, and food was easy for her to immerse in the culture, since she had little personal connection to that world, having grown up in a wealthy, predominantly white suburb of Boston. Grocery stores in South Boston, where Kalayla's young family lived, did not carry a wide variety of Hispanic foods. Because Kalayla did not have a car, she had to rely on her boyfriend to bring home food from his work or borrow a car from his boss to shop in other neighborhoods. Kalayla's boyfriend, Francisco was the one who did most of the cooking.

Many immigrant mothers in the sample associate their current living situations with suffering and dread, and “remembering where they came from” offers a ray of hope for mothers who find themselves in low-wage work and have to suffer the undignified process of applying for food stamp benefits to feed their children. Jacinda moved from the Dominican Republic to the United States when she was nine years old. Up until that point, much of her childhood was spent with her grandmother, in Santo Domingo. By the time she turned 14, she had run away from home and started living with a man who became her husband. It is clear that Jacinda had few positive memories of her family life in the U.S., and holds a tremendous amount of nostalgia for her life with her grandmother back in Santo Domingo. She credited her grandmother for being a “good model of compassion and generosity.” Her parenting strategies evolved around replicating what her grandmother taught by example. She recounted a story of regularly giving a blind man food and items in front of her children, even though she herself needed food stamp benefits to make ends meet. To the question: What are some of the things you would like your children to learn about Dominicans? Jacinda replied:

Their Origins. They are born here but the blood that runs in them is Dominican. They should know about the good things like Dominican food, which they are basically learning at home, they should know the language and just that they are 100% Dominican. I want to move back to Santo Domingo one day, go back to a place where there is good life.

Jacinda wanted her children to know where the good life lied (not in their housing project in Boston, but in far away Santo Domingo) and she was teaching them to be ready for it, starting with the foods they eat at home.

Life in endless poverty and in isolation from their familiar cultures and family network clearly took a toll on the Latina mothers in this sample, many of whom suffered

from depression and other mental health issues. As seen from the interview transcripts and field notes, talks of familiar foods from their native countries was the one thing that consistently brought some positive energy to the interviews. In these conversations, mothers were no longer the subjects of a study about poverty and welfare reform, the powerless beneficiaries of a highly bureaucratic, some may even argue, broken social welfare system. Instead, they became the experts, or even ambassadors of their home culture to ethnographers, who, in all likelihood, were far more privileged than any of the respondents.

Conclusion

In this chapter, I have discussed how low-income urban mothers use consumption to fulfill both self-imposed and publicly-monitored mothering expectations. The data show that meeting children's food consumption needs is key to being a caring and good mother. When household finances fall short of meeting children's needs, mothers often feel embarrassed and then engage in a making-do strategy in an attempt to re-define what their children need in life. Mothers also seek financial help from the government, but the disrespect and power inequality they experience in the process of applying for benefits often leads to an overall feeling of powerlessness outside their homes. However, when mothers re-enter the private sphere of the home kitchen, mothers engage in the production of food consumption activities. These otherwise disadvantaged mothers are seen using their cooking skills to create a world where they have more control over their domestic destiny.

While many of the mothers in my sample feel "empowered" by their cooking, they do not necessarily have the healthiest diets. In fact, any nutritionist would likely

suggest the mothers in the study to use fewer convenience and unhealthful food items in their daily foodwork. One solution to this problem may be to increase mothers' nutritional knowledge, but this will not be sufficient and even ineffective given that to many of the sample members, food is integrally tied to one's culture of origin.

As my analysis points out, low-income mothers' parenting practices are under constant public scrutiny, and the work of purchasing, preparing, and providing food is not solely driven by health concerns. Because being seen as unfit mothers can lead to the involvement of law enforcement at any given time when you are poor, the mothers' desire to be seen as good and caring parents may persuade them to purchase more of the foods that their children *want* rather than what nutrition experts suggest that their children *need*. The pressures of making ends may sometimes corner low-income mothers into relying on the short-term strategy of meeting children's immediate needs rather than thinking about the long-term effects of good nutrition. Giving children the foods they *should* have is a difficult task for parents regardless of their economic standing. It becomes even more of a challenge for low-income mothers whose ability to purchase foods is limited by what the government is prepared to give them.

The results show that through family foodwork, low-income mothers actively create the image of themselves as caring mothers. Many mothers are proud of what they are able to prepare in their home kitchen, but these accomplishments are often kept away from public view. It has become common for community health agencies to engage professionally trained chefs and nutritionists in their healthy cooking teaching events. Perhaps one way to make these events even more popular and effective is to invite low-income mothers, the "home-cooking experts" to be the teachers alongside professionally

trained experts or working with nutritionists who can support their cooking demonstrations by providing additional background information about nutrition.

Lastly, it was interesting to find the racial and ethnic variations in how mothers viewed foodwork as a potential economic tool. I believe that the contrast between the experiences of black mothers and Latina mothers demonstrate the importance of social networks in creating new economic opportunities for disadvantaged women. However, more research is needed to study why mothers of diverse racial and ethnic backgrounds would have different views on the value of cooking skills and foodwork. My analysis focused only on first generation immigrant mothers because they were the most vocal about how they use food to empower themselves, while there was some evidence in the data¹⁰ that second generation immigrant mothers maintained some of these skills, it was rarely discussed by third generation immigrants. It is possible that using foodwork is only a short-term strategy that mothers use to ease their transition into life in a new country. It is not clear if such strategies have long-term positive impact on the well-being of family, and if so, how such impact can be quantified and measured. Whichever case it is, community groups working to improve the well-being of Latino residents should strengthen work that aim to foster unique ethnic identities – because it matters to them.

¹⁰ Not discussed in this chapter due to space limitations.

Chapter 4: The Lasting Effects of Childhood Family Experiences on Food Practices

Link and Phelan (1995) proposed that social conditions are the fundamental cause of disease and health disparities. Socioeconomic status (SES), whether measured by education, income, or occupation, is correlated with a wide range of health outcomes from low birth weight to diabetes and cancer; furthermore, low SES is associated with higher mortality rates (Adler and Newman 2002; Adler and Rehkopf 2007). SES also contributes to differences in health behaviors such as physical activity and poor nutrition (Pampel, Krueger and Denney 2010). Darmon and Drewnowski (Darmon and Drewnowski 2008) found that low SES is associated with poor diet, citing the high cost of healthful foods as the main reason for differences among consumers.

Starting in childhood, low SES is also related to prolonged exposure to stressors such as extreme poverty, abuse, neglect, poor maternal health, substance abuse by caregiver(s), and exposure to trauma. (Chilton and Rabinowich 2010). Although exposure to relatively minor adversity by children is viewed as a necessary prerequisite for developing resilience to challenges later in life, a high level of stress associated with excessive, persistent, and/or uncontrollable adversity without the buffering protection of stable adult support is associated with disruptive effects on multiple organ systems that can lead to lifelong disease. The accumulated exposure to these challenges leads to the development of toxic stress – a prolonged activation of the body's stress-response systems which, in addition to interfering with organ system functions, can disrupt brain architecture (Shonkoff, Boycem and McEwen 2009). Relatedly, low SES is associated with poor mental health outcomes (Burton and Bromell 2010; Hudson 2005); mental disorders are associated with a wide range of risk factors for chronic diseases such as

smoking, poor diet, obesity and hypertension. However, since mental health and physical health conditions may share common genetic or environmental factors, the causal direction of how they affect one another remains unclear (Prince et al. 2007)

Given that diet has been identified as a modifiable risk factor for the prevention of chronic diseases, improving the population's eating habits has become a central tenet to health promotion initiatives (Centers for Disease Control and Prevention 2008). Although most dietary behavior modification programs focus on changing present-day eating practices, this approach likely underappreciates the fact that people's eating habits are deeply rooted in their personal food history (Devine 2005; Furst et al. 1996). From focus group discussions of low to moderate-income women enrolled in a cancer screening program, Smith and colleagues (Smith et al. 2012) found that participants regularly called upon key reference groups and individuals from their past to account for their current dietary behaviors. This type of finding highlights the need to understand how childhood experiences, particularly experiences with food partners, shape the way women approach food and eating in their role as mothers.

Using qualitative data, this chapter illustrates how mental health challenges and poor eating habits simultaneously develop throughout the life course of disadvantaged women. The analysis focuses on how low-income mothers' childhood family experiences shaped their food and nutrition practices in adulthood. Given that low-income children are more likely to experience family instability, unstable living arrangements, and exposure to violence (including personal violence in the form of physical and sexual abuse) (Burton and Bromell 2010), I pay close attention to how sample members describe the relationship between these experiences and their dietary and food monitoring

behaviors. In doing so, I combine the life course perspective with the theory of fundamental causes of diseases to understand the development of poor dietary habits among a low-income population. How early life and childhood experiences shape health behaviors and health outcomes in adulthood remain an area that is overlooked by most health professionals (Shonkoff et al. 2009). The findings from this chapter will help shed light on how health disadvantages are transmitted across generations. Additionally, they can be used to inform the development of diet and nutrition intervention programs that are sensitive to the mental health needs of disadvantaged women and children.

I begin with an overview of research that links family stability and family routines to children's social-emotional and physical health development. I then discuss empirical observations of mothers' feeding and dietary monitoring behaviors. Next, I explore the different pathways through which childhood family experiences and exposure to violence and trauma contribute to the development of behaviors that do not adhere to the eating for health (EFH) ideology¹¹ that is promoted by government agencies and health professionals. Implications for practice are discussed in the conclusion.

Family Stability, Routines and Child Wellbeing

Parents, family meals, and children's health. Respondents in my sample regularly traced their present day feeding practices to family eating experiences that took place during childhood. This section lays the groundwork for subsequent discussion about how mothers' childhood experiences influence the way they carry out family foodwork. Family routines contribute to the development of health-enhancing behaviors in children, and stable families are more likely to establish and maintain health-promoting routines. There is a robust body of research documenting that parents play an

¹¹ Discussed in detail in Chapter 2 (methodology chapter).

important role in shaping children's eating habits (Lindsay, et al. 2006). While children are born with preferences for sweet and salty tastes and energy-dense foods, they develop most of their food habits through exposure and repeated food experiences (Birch and Fisher 1998). Toddlers develop preferences for healthful and nutritious foods, including fruits and vegetables, when parents provide early exposure to such foods. The effects last even long after children are given more autonomy over their food choices. Relatedly, parents directly influence children's diets by selecting and providing the types of food children consume at home (Koivisto Hursti 1999). Parents also model eating behaviors for their children - young children will eat what their parents, especially their mothers, eat; they also follow their parents' eating cues - if parents overeat, their children are likely to overeat as well. (Hood et al. 2000).

As an integral part of family life, mealtime activities help to define social relations among family members and establish social norms both within and beyond the household (DeVault 1991). Travers (1996) found that routine family meals can symbolize, reinforce, and reproduce social relations and divisions. Additionally, family meals provide a context for children's cultural socialization. At family eating events, children are active participants in cultural practices. Ochs and Shohet (2006) suggest that mealtime activities "recruit" children into preferred ways of thinking, feeling, and acting within the household and in society at large.

Family meals are also correlated with children's risk behavior and socio-emotional development. High frequency of family meals (more than four dinners each week) is correlated with reduced risk behavior such as smoking, alcohol consumption, and drug use as well as fewer mental health problems such as depression and suicide

ideation (Eisenberg, Olson, Neumark-Sztainer et al. 2004). Fiese and colleagues (2006) suggest family meals lead to positive behaviors in adolescents because they provide a continual context for the repetition of roles of different family members. Fiese et al. also suggest that parents who regularly monitor children's activities and behaviors during meals are also more likely to monitor other areas in children's life. The repetitions lead to the reinforcement of roles and possibly influence school performance, peer relationships, and the ability to plan for future events (76-77).

In short, existing research suggests that the features of family meals related to positive child and adolescent behavior and dietary outcomes have their roots in the routine, repetitive, and continuous nature of the behavior monitoring component of mealtime activities. An important assumption behind the regular occurrence of these events is that the children are embedded in stable family units or have at least one steady caregiver who is able to carry out the monitoring functions. As divorce and dissolution of cohabitating unions become important features of family life, family mealtime routines are likely to be disrupted as well. In low-income households like those in this study sample, family membership often changes with the family's economic status.

Public health and sociological research finds that changes in family membership greatly influences the dietary and health outcomes of children, partly because the changes also lead to shifts and readjustments in family routines. It has been hypothesized that step-parents are less active in childrearing than are biological parents (Cooksy and Fondel 1996; Marsiglio 1999), and they make fewer financial and time investments in their children's health; subsequent research has found that children in stepfamilies display poorer eating habits (Case and Patterson 2001). Stewart and Menning (2009) found that

compared to children in traditional two-parent (biological or adoptive) households, adolescents in nontraditional households (single parent, step-parent, no parent) were more likely to display unhealthy eating habits such as skipping breakfast and lunch, eating fewer vegetables, consuming more fast food, and generally received less parental supervision during meals. However, they also found evidence pointing to the power of continuous parental involvement regardless of family structure. For example, nonresident fathers' involvement in children's life (e.g. going to the movies or shopping) was associated with increased frequency of breakfast and lunch, as well as intake of fruit and vegetables (Stewart and Menning 2009).

Taken together, the above findings suggest that having meaningful, continuous, and positive connections with caregivers is important to the development of healthy eating habits than the type of family structure. Equally important are the routines that result from these relationships. What we know far less about is what happens when children move in and out of different family contexts where they do not have the opportunity to form a bond with caregivers during meal events. Prior research on the negative associations between nontraditional family structure and child dietary behaviors do not offer clear descriptions of the processes through which poor eating habits are enabled and developed. Nontraditional family structures are common in this study sample across multiple generations; the in-depth, longitudinal study design gathers rich data that can tease out the influences of family structure and family life across three generations: the caregivers of sample mothers (generation I), the sample mothers themselves (generation II), and the children of this sample (generation III). Sample mothers' descriptions of their own childhood experiences will shed light on how they developed

healthy or unhealthy eating habits throughout their life course, which are then shared with their children through food provision and modeling.

Childhood abuse and its lasting effects. Although it was never directly asked about in my interviews with low-income mothers in Baltimore, sexual and physical abuse regularly came up in food-related discussions. In the Three City Study data, women who were abused as children often talked about their struggle with drug use as well. After reviewing these data, I proceeded to consult previous work that studied the relationship between childhood abuse (physical, sexual, or verbal) and its consequences on health behaviors later in life, specifically drug use (Wilsnack, Vogeltanz, Klassen et al. 1997; Felitti, Anda, Nordenberg et al. 1998). As Burton and Bromell suggested (2010), witnessing abuse in the household could also be detrimental to the mental health of children, making them more susceptible to substance abuse as adults. Drug use is linked to poor physical health, decreased ability to work, and reduced earning potential; all of these are directly related to one's ability to provide adequate amounts of food for the household (Chilton and Rabinowich 2012). In addition, users of hard drugs have shortened time horizons and lower future orientations (Pettry, Bickel and Arnett 1998; Peters, Tortolero, Johnson, et al. 2005), which further reduce the likelihood that the mothers will be able to meet the food needs of their families in a manner consistent with the EFH ideology.

Approximately two thirds of the members in the combined study sample experienced physical or sexual abuse, or both, as children. The figure is surprisingly high given that the mothers were selected into my study sample based on their enrollment in federal nutrition assistance benefits, but it is also an indicator of the challenges involved

in the mothers' life circumstances. Approximately half of those who did not personally experience abuse reported regularly witnessing violence in their home or neighborhoods. Psychological research has found that sexual abuse victims are more likely to develop eating disorders during adolescence (Wonderlich, Brewerton, Jelic et al. 1997; Smolak and Murnen 2002). Approximately 30 percent of eating disorder patients were sexually abused as children. It is possible that abuse victims attempt to use their food behaviors to reclaim control over their bodies that had once been violated (Connors and Morse 1993).

In an ethnographic treatise on health and the lives of low-income mothers based on the ethnographic sample of the Three City Study, Burton and Bromell (2010) found that mothers who experienced or witnessed physical and sexual abuse during childhood also experienced high rates of physical and mental illness as adults. In addition to discussing the connections between childhood health conditions and adulthood illnesses among sample members, Burton and Bromell also discuss the phenomenon of family comorbidity – where both mothers and children are found to have multiple concurrent physical and mental health problems, including obesity and diabetes (Burton and Bromell: 254-256). I will illustrate how the negative consequences of trauma experienced during mothers' childhood carry over into adulthood in their new roles as caregivers. Recognizing the fact that low-income girls, particularly those who experienced childhood trauma, often confront a wide range of other challenges that prevent them from leading a safe and healthy lifestyle, my goal here is to identify specific pathways that link childhood abuse to family feeding behaviors.

Findings: Placing Eating Habits in a Life Course Context

Lasting influences of childhood eating experiences. In survey-based epidemiological studies, health behaviors such as food choice and physical activity levels are usually considered individually-based risk factors (Burton and Bromell 2010: 234; Link and Phelan 1995). However, previous qualitative and mixed-methods research (Bisogni et al. 2005; Johnson et al. 2011) have found these individually-based risk factors to be the products of long-term social processes. The respondents in my study also recognize and emphasize this point during our interviews. Mothers often talked about trying to implement the healthy habits that they had learned from their own family members. For example, one study participant named Star grew up in an agricultural community on Maryland's Eastern Shore where vegetables were a mainstay in her family's diet. According to Star:

“We always ate the fresh stuff, being a country girl and all, that's how we ate. I'll do some frozen vegetables like—um, like spinach. I prefer fresh spinach, but if I don't have fresh, I'll do the frozen spinach. I don't like the canned spinach. I won't never buy the canned spinach, I'll buy canned corn, peas, but I prefer fresh. If there's something that I want that I can't get fresh then I'll use—do frozen. My daughter knows how to cook with fresh stuff as well because I taught her.”

In addition to cultivating her appreciation for fresh foods, Star's tight-knit family also gave her positive associations with food. When asked about significant food memories from her childhood, Star paused, thought about the question for a few minutes, and then replied:

“Whenever I would walk in my mother's house, it always smelled good. You know, my Aunt Ellen lived with us and she was always cooking somethin' or bakin' somethin'. So no matter how bad it was—whatever was goin' on outside my home, [pause] it always—when I walked through them doors, it just felt so good. [...] We didn't have a nice house and stuff— I would be on the school bus and the kids would *laugh* at me. You know,

when I get off the bus—like where I live and stuff, and I was kinda embarrassed by that, but when—but when I went home, it was just so much love in my house. That it didn't really matter. It was just -it was love and—and the food— I had a happy childhood. I—I just—nothing really that I can...complain about. You know, I was—wasn't raised with my father, I knew who he was, but he was not part of my life. But my mother always [pause] did whatever she had to do to provide for me and my brother."

Unlike most of the mothers in the study sample, Star grew up in a very stable household; she lived at home until the age of 22, just after her own son turned one year old. Her mother and aunt were the primary adult figures in her life and they always provided her with the necessities and lots of love. To Star, food and cooking represent family and love. She said:

"A lot of love goes into my cooking, and I love cooking—same way [Aunt Ellen] did. You know, she just loved cooking for the neighbors, and family, and the people that lived down the street. I just love it the same way."

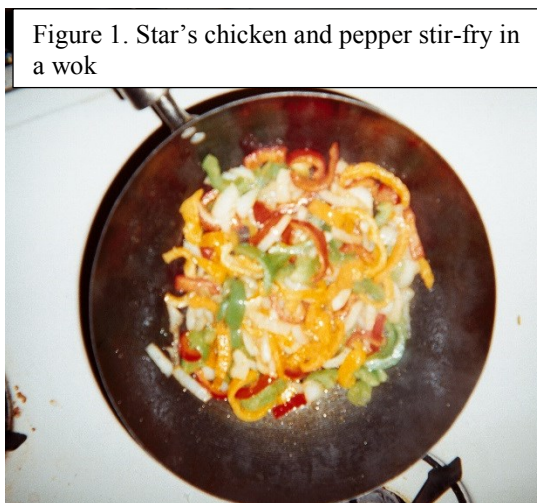


Figure 1. Star's chicken and pepper stir-fry in a wok

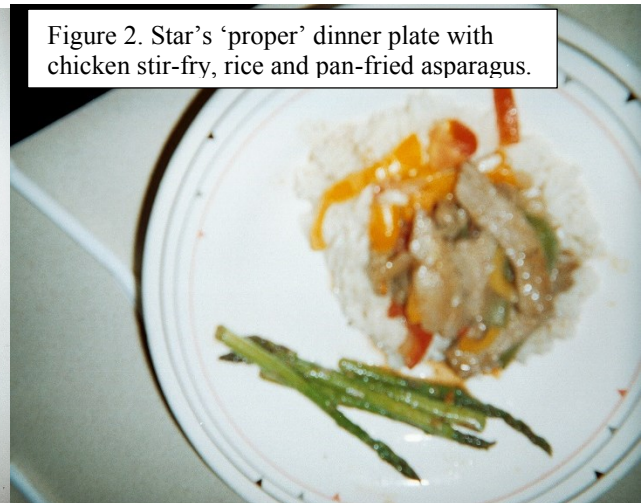


Figure 2. Star's 'proper' dinner plate with chicken stir-fry, rice and pan-fried asparagus.

Figures 1a and 1b are images of Star's chicken stir-fry dinner, a dish she prepares often, the final dinner plate (1b) reflects Star's balanced meals that has a starch, some meat and plenty of vegetables in the form of peppers and asparagus. Star has incorporated some new nutrition knowledge into her cooking, for example, not using lard, "fatback," or pork

products to reduce her cholesterol intake, and she insists that she prepares foods the way her Aunt Ellen would – cooking foods that are tasty, welcoming and make the eater feel loved.

Reina, a mother in Baltimore, talked about how her parents have always managed to support her even though they were never able to offer much financial help:

“My dad, he come through—my mother too. They come through. They’re in touch. You know what I mean? They—they can’t offer me much, but they here. You know what I mean? And they love their grandkids so.”

The support Reina refers to in the passage above encompassed financial, emotional and emergency childcare support. Reina received similar forms of support from her extended family members when she was growing up and lived near her extended family members. For example, when asked about the kinds of food she ate during her childhood, Reina recounted that her grandmother often helped her parents by providing care to their children:

“I know one thing...we ate a lot of home cooked food. You know, my grandmother made a lot of home cooked food. We didn’t do a lot of oodles of noodles and bologna and stuff like that. That’s why I didn’t expose my kids to it [...] We used to get like meals and chicken and stews and you know what I mean? Like we got *meals*! We never did like the microwavable meals when we was little, and I never did that with my kids.”

Throughout our interviews, Reina regularly credited her mother and grandmother for showing her how to cook fresh foods, how make use of a large variety of foods, and how to “make something outta nothing.” When Reina and I talked about how she prepared food for her children, she immediately made the connection between food and health:

“I mean they eat meat, starch, vegetable...they healthy kids, you know, they all healthy. You know, it ain’t like they *underweight* and even the girls, they may look small, but they healthy kids.

[...] I ain't gonna sit here and say we don't eat pork, 'cause we eat pork, but you know we don't eat fried food—we make fried food like chicken...once a month, if that much! I do a lot of bakin' like baked chicken.”

As discussed in another chapter, Reina pays close attention to how her children eat, and always makes sure that her children eat a wide variety of foods. Learning to prepare and eat a wide variety of foods in a supportive and nurturing environment during childhood contributed to Reina and Star's own health-focused approach to family feeding and preparation.

The lack of parental guidance on nutrition during a mother's childhood, on the other hand, may produce deeply-ingrained practices that are difficult to reverse through nutrition intervention or education efforts during adulthood, as may the experience of trauma during childhood. These points are illustrated by the case of one mother, Collette. Below is the ethnographer's summary of how one mother, Colette, viewed nutritional advice from experts:

“[Colette] said that she knows what experts say is important for her son to eat, but she isn't sure what she thinks about them. [...] She said that eating right means eating fruits and vegetables, grains, wheat, oatmeal and “all that fiber crap.” She said that she doesn't eat things like oats and fiber, no one in her family ate these things. She had an aunt who was into health food and stuff.”

Throughout her participation in the study, the ethnographer noted Colette's growing concern about her son's health because he was a picky eater who preferred junk food like sweets, chips, and fast food. However, she was not confident that she would be able to make any of the recommended dietary changes because she was skeptical of the healthy-eating practices she observed when she was young. Her explanation may have more to do with the person who engaged in healthy eating than healthy foods.

It turns out that by the time she turned 18, Collette had moved around five different homes in the same neighborhood. As the field notes below indicate, the frequent rotation of residences and caregivers meant that Colette had no consistent parent figure in her life.

“She moved in with her grandmother in 1982. She said that she lived with her because her mother was working a lot. One day, her mother just left. [...] Her next move was in 1984, when she moved in with her aunt. Her aunt lived across the street. Living with her aunt was “up and down.” She said that there were some difficulties because there were “extra kids in the house” and lots of “jealousy”. She said her aunt was “strict”. They had to come straight home from school, do their homework they couldn’t watch TV or go outside, they had to go to bed on time around 9 or 10 p.m., and they had a lot of chores to do. She said that she guesses “that’s what parents do.”

In addition to experiencing instability, Colette also experienced physical abuse: all of Colette’s caregivers physically disciplined the children in their care and took their frustration out on the children. Recognizing her own childhood as one that lacked warmth and care, Colette tried to do better than her caregivers by rewarding her children with kisses and hugs. However, she also admitted to spanking her children on a regular basis if she was in a bad mood when they made mistakes. Her inconsistency in parenting practice is also reflected in how she regulated her children’s diet. Below is an excerpt from the ethnographer’s field notes of Colette’s food monitoring practices:

“She tries to limit what he eats by telling him no, but then he has a “fit” or tantrum when she denies him. She said that she tries to do this with cereal, but she often ends up giving in to his demands. She said that she doesn’t force him to eat foods that he doesn’t like. Her aunt used to do that to her, so she doesn’t do that with her kids. She said that her aunt would make her sit at the table for hours when she wouldn’t finish her meals. She wants to do better than that.”

The incident described here is not unfamiliar to most parents who attempt to introduce new foods to their children or to limit children’s intake of unhealthy foods. Whether or

not a parent experienced adversity during his or her childhood, he or she is likely to engage in food choice-related struggles with their child. But low-income parents probably have fewer healthy alternatives to offer their children.

Liza is a 23-year-old mother of two. She grew up with a single mother who was involved in a Chicago street gang. She told the ethnographer that her mother was not much of a “role model” in any aspect of parenting. Liza started living on her own at 16, after her mother and most of her family network moved to Milwaukee, she had a baby shortly thereafter. Unlike Star, who transitioned into the mother and caregiver role with the support of her own caregivers, Liza entered into a caregiving role without adult guidance. Below is a summary of Liza’s feeding practices as written by the ethnographer:

“Liza believes that it's important to eat vegetables. She added that Julie hates vegetables. She "tricks" Julie into eating vegetables. She doesn't like orange foods, but Liza thinks it's important that she eats carrots, so she tries to either talk her into it or top the carrots or other objectionable food with something sweet. She will also try to bribe her with candy to get her to eat. [According to Liza], string beans, green peas, and beans are also good foods for [Julie] to eat. Liza said that she wants her girls to stop eating so much junk food and eating more fruit. She said that to make sure that happens, she needs to stop buying them junk food and she needs to "practice what I preach". She said that when she tells them about eating better, they remind her that she eats cookies and there's nothing she can tell them.”

The exchange between Liza and her daughters suggests that unless Liza started to follow her own nutrition advice and model healthy eating behaviors, it was unlikely that she would be able to convince her children to do so. But Liza is not quite ready to do that because she never ate those foods growing up.

These examples provide some evidence to support the claim that food norms developed through family eating events during a mother’s childhood have significant

impact on her own eating habits and how she monitors her children's eating habits. Importantly, they show how eating habits developed during a mother's childhood are transmitted across multiple generations and can be resistant to nutrition education and intervention efforts. In the next section, I will further explore the relationship between family life and eating habits.

Routines, adverse childhood experiences and eating habits in later life. The concept of commensality, which generally refers to the act of meal-sharing, suggests that the person who has been offered the right to share a household's food supply has been accepted as a member of the household (Fischler 2011). Commensality, according to Ochs and Shohet (2006), facilitates the socialization of children into family and social life. Although research links family meals to a variety of positive child health outcomes, it does not address what happens when children experience frequent changes in family structure or family membership. Does the act of meal-sharing by itself produce the sense of belonging for children (regardless of who sits around the table) or is something else at play?

In this sample, there are many instances where the mothers lived with non-parental caregivers for extended periods of time during childhood. These arrangements were typically the results of parental incarceration, parental medical or drug rehabilitation treatments, or, in some cases, abandonment. In the case of temporary parental absences, the children were left in the care of trusted friends, neighbors or relatives so that the children would not be lost to the foster care system. While such living arrangements were expected to be temporary, often they became extended "temporary" stays. In networks where extreme and persistent poverty was the norm, network members often could not

absorb the cost of raising another child, however temporarily the situation may have been. In several cases, the children were shuffled between different households. In addition to experiencing potential disruptions in school attendance in these situations, which would mean reduced economic potential in later life (Burton and Bromell 2010), the children developed fragile emotional bonds with their temporary caregivers. In such situations, material goods such as food and clothing, became symbols of love and care, and some adults used material goods to establish household power hierarchy. The majority of caregivers in this sample learned to reward and punish children with food from their personal experiences, which has been found to be a practice that encourages poor eating habits in children (Birch and Fisher 1998).

In San Antonio, Natalia, a Mexican-American mother, lived with her mother until she was nine years old, at which point her mother “gave” Natalia away to an aunt. Three years later, Natalia and two of her sisters ended up in a shelter for homeless girls. Natalia had her first baby at age 15. Not only did Natalia not have consistent meal partners throughout her childhood, she also had very inconsistent living arrangements and regularly experienced hunger and lack of food options as a child. She entered the mother role during adolescence without a role model. Natalia explicitly stated that she followed no family meal traditions, routines, or special holiday rituals because she was never exposed to them. She gave the following description of her daughters’ typical daily food routine when they were home from school during the summer months:

“Usually they skip lunch because they're pigging out all day long. These kids will eat all day long if I let them. They usually eat raviolis. That's what Nichelle (age 11) likes. She eats a big fat can of raviolis by herself. And then Iris (age 12) will eat just whatever is there. [...] Sometimes they will have sandwiches, Iris doesn't like peanut butter very much. She'll go "Mom, can I have

some cereal?" And I go "Go ahead" and she'll have cereal.
Whatever they want to eat, that's what they eat."

As this example shows, while Natalia provided her children with the foods at home, she did little to limit their food intake or to provide any form of eating structure at home.

Engaging with the past through food and eating. Sample members' narratives of food practices as caregivers reflect both the long-term influences of their childhood food experiences and the relationships they developed with their own caregivers through food. Mothers who had positive relationships with their caregivers through interactions in food events are interested in reproducing similar experience with their own children. Mothers who had negative experiences with their caregivers prefer to not replicate the food practices that their caregivers engaged in; often, they come up with their own family feeding practices without the benefit of positive role models who demonstrate healthy eating practices. Because these mothers never moved out of poverty, their food practices are usually determined by cost limitations and their own taste preferences, with health being secondary consideration. Mothers who experienced hunger during their childhood would do everything within their power to ensure that their children did not suffer from want, but they are also more likely to use food to discipline their children. Mothers who did not generally have positive food experiences are more permissive with their children's food monitoring as well.

Tamara's mother use to leave Tamara in her grandfather's care, but she never paid him, so he never fed Tamara. When Tamara was caught "sneaking in a piece of fruit" out of the kitchen, she received "a good beating" by his belt. As a mother, Tamara worked hard to ensure that she had always food in the house, even though money was always short. She brought home extra food from work and visited all the food pantries she was

eligible for every month so that there was “always something in the kitchen.” However, the ethnographer also observed that Tamara would use food to pacify her sons or withhold food as a form of punishment.

Natalie, who regularly experienced hunger under her mother’s care, vowed to never let her children experience hunger. She accomplishes this goal by carefully shopping around different store, and took great pride in the fact that she always paid the lowest possible price for food. In fact, when I went grocery shopping with Natalie, we drove 15 miles away from her house and went to three different stores to get the best prices. In our interviews, Natalie often talked about the importance of having her children follow a healthy diet. I observed Natalie buying several pounds of fresh produce, packages of fresh meat and seafood during our grocery store outing. In fact, I believe Natalie’s family consumed higher quantities of fresh, minimally processed foods than any other household in the study. But in our photo elicitation discussion, I realized that almost every picture of “from scratch” home cooked item was accompanied by highly processed sauces or side dishes such as freeze-dried mashed potato mix from a box “because they taste better.” Additionally, more than any other mothers interviewed in Baltimore, Natalie talked about the idea of not limiting her children to the “occasional” treat, which in practice appeared in her children’s diet daily. “I was always hungry when I was little,” she said, and my children shouldn’t be hungry.” The apparent inconsistency in Natalie’s healthy-eating goals and actual practice is better understood when her present day practices are framed in the context of hardships experienced during childhood.

As discussed earlier, frequent transitions in a child’s living arrangement sets up the conditions that foster non-adherence to EFH ideology because these transitions do not

support the development of food routines. However, even when a child grows up in a stable household, a lack of trust between the child and caregiver can still leave a negative experience with the child. For example, Trish grew up with her biological father, her biological brother, and her father's partner, whom she referred to as her "mother." Trish had a complicated relationship with her mother. On the one hand, she took care of all of Trish's daily needs as a child, but on the other hand, she, along with Trish's older brother, physically abused Trish from age six until her early teens. Trish's anger towards her brother remains unresolved and the two have not spoken since 1982. The complicated relationship between Trish and her mother spilled over to food and eating as well, and the consequences have shaped Trish's feeding approach across multiple generations. The excerpt below explains the connections between Trish's childhood experiences and her approach to family feeding.

WTC: Do you find ways to encourage your children to try different foods even if they say they don't like something?

Trish: No, I would *never* force food on my [children or grandchildren], if they didn't like it, then they don't need to eat it.

WTC: Why is that?

Trish: Because- because I- I- I think that's one of the *worst* thing you do, to force a child to eat something that they don't like. I didn't like my mother telling me I HAD to eat something. I probably needed to, it was probably good for me but to say well if you don't eat it you not getting nothing else, I think that's just *cruel*. It's hard to try to eat something that you just don't like. And I would never do my kids like that. I'd never do my grandkids like that. I would never make them eat something that they do not like.

Like Trish, other sample members who did not have strong relationships with their caregivers as children are more inclined to let their children decide the content of their diet on a daily basis. By giving children greater autonomy in their food decisions, the

mothers seem to believe that they are being more respectful of their children than their own caregivers were of them.

This practice was also often framed as an economizing practice in low-income households: by giving children mostly what they want, food assistance-dependent mothers can ensure that no food is ever wasted. To be clear, allowing children to make their own food decisions is not in and of itself a negative parenting practice. In fact, as discussed earlier in this chapter, some existing research encourages parents to let children make their own decisions regarding which foods and how much food to eat, as long as the parents define the range of foods children can choose from. In the case of this study sample, the parents often are limited by the food options available to them due to budgetary constraints.

Mothers who had positive relationships with their caregivers, on the other hand, were more likely to talk about encouraging their children to try new foods without interpreting it as a threatening or confrontational practice. Nora, a third-generation Mexican mother, who grew up in what she described as a “traditional and normal family” in Texas serves as an example of this point. Nora’s father was not always kind towards his wife and daughters, but Nora could always count on her mother and grandmother for support. Nora saw these women as her parenting role models and tried to replicate what she learned from them after she became a mother. As Nora explained to the ethnographer:

“I learned how to cook from my grandmother and my mother. I ate what they made. [Now,] I eat what my children eat and they eat what I cook, every time. It don't matter where they're at. If they've never tasted it, they got to taste it at least once. Then they can tell me 'I don't like it.'”

Katie and her parents moved around the country frequently throughout Katie's childhood, but they always moved together as a family unit and stayed in touch with their relatives. These moves and interactions with relatives of different ethnic backgrounds exposed Katie to foods from different regions and cultures. Her childhood experiences taught her the importance of trying new foods, and Katie thought that she was the best person to model food behaviors for her children. As she explained to me:

"In my opinion, the more exposure you give your kids, y'know, as far as eating habits go, the healthier they'll eat. I once saw something on Food Network, and thought to myself, 'Hey, spaghetti squash! Let me try that when I get home.' The spaghetti squash, they're not big fans of. I like it- it's different. But it is- it's definitely a different taste. Jonathon doesn't like it, but I'll give him a little bit to start off with. Like, look, I only gave you a little bit, eat that, if you don't like it, then I'll fix something else for you. Um, if I'm trying something that's completely new, I make sure to make a little bit of it so it doesn't go to waste."

The examples from Nora and Katie suggest that having a trusting relationship with caregivers during childhood is important to how mothers approached food in their adult role as mothers. In fact, the positive experiences will impact even mothers who have experienced trauma and neglect as children. Now I return to the story of Natalie.

Natalie started moving in and out of different homes when she was six. She was sexually abused by her father and neglected by a mother with a cocaine addiction. However, her foster mother (Dora, a woman in her neighborhood who regularly took in homeless girls) and an aunt offered steady adult presence in her life. Natalie lived with Dora between from age six until she turned thirteen. Natalie describes her time with Dora as it related to food:

WTC: And you think she took good care of you? What was she like with food?

Natalie: it was more about vegetables then anything, yeah, vegetables- that was basically it. She made sure we always had to eat a set course and there always had to be three courses [items]: a vegetable, a meat, a starch]. You could get to snack in between but it had to be like fruit. She *made sure* that we stuck with these routines.

WTC: uh-huh.

Natalie: And she taught me how to cook.

WTC: She taught you how to cook? And what kind of food did she cook with you?

Natalie: [...] we made this crazy Crayola pizza-like the color Crayola pizza, you know what that is, don't you? We made them, we made ham- that's how I learned to make ham, turkey, chicken- barbeque chicken, fried chicken, deep fried chicken, [pause, thinking] southern chicken [laughs]- collard greens from scratch [laughs], yeah, I learned how to make a lot of food from Dora.

Natalie's response above suggests that she had very fond memories with of her time with Dora, whose cooking has influenced how Natalie feeds her children, too. For example, Natalie also requires her children to eat vegetables as part of their daily routine "just like Dora did". Even though Natalie experienced a tremendous amount of instability in her biological family, she did experience some stability while living with Dora, and Dora provided a routine for the girls who lived with her. The positive experiences accrued during that period of stability clearly have contributed to how Natalie approaches her children's diet. This is not to say Natalie strictly regulates her children's diet by demanding them to eat whatever foods she placed in front of them. Rather, she accepts the fact that her children did not like every food item she provided and had different food practices, but they were not allowed to say they disliked something without trying it first. Her approach is very different from the examples from CJ and Natalia who let their children make their own decisions without setting boundaries, it is also different from Trish's more passive approach about encouraging children to try new foods.

So far in this chapter, I have presented evidence that link mothers' childhood family experiences to how they monitor their children's food behaviors. Mothers who had trusting relationships with their parents and meal partners during childhood were more likely to feed their own children on regular schedules, establish rules and norms for the types of foods allowed, and less likely to let children make their own dietary decisions. Those who had unstable family life and irregular meal partners, like Natalia, and Colette, had erratic eating schedules and dismissed nutrition guidance they received from experts as unrealistic. The examples from Colette and Trish further illustrate that mothers who were subject to food-based discipline strategies were less likely to encourage children to try new foods. The cases from Natalie, Katie and Nora, show that mothers who experienced care through food were more likely to be firm about requiring their children to try new foods without being coercive.

Further analysis of mothers' narratives of their childhood family life and food-related practices revealed that those who displayed the least influence over their children's eating patterns experienced more turbulent family life than others in terms of living arrangements and stability; they also had the most traumatic childhood experiences that extend beyond shifting living arrangements and changing family memberships. The remainder of this chapter will pay close attention to how traumatic events are linked to mothers' food monitoring behaviors.

Childhood Trauma and Long-Term Implications for Family Nutrition

Consistent with prior research, my analysis finds that mothers who experienced abuse as children received little emotional support from trusted family members or mental health professionals to help them cope with the trauma (Cherlin et al. 2004). As Chilton and Rabinowich (2012) detail in their case studies of women from a high-poverty community in Philadelphia, girls who experience abuse as children and grow up in disadvantaged family and community contexts are at greater risk of early drug use and becoming involved with abusive men during adolescence (Chilton and Rabinowich 2012).

In my data, the mothers who experienced physical, mental, and sexual trauma as children and grew up in circumstances similar to those described by Chilton and Rabinowich talk about their everyday life in a way that one mother described as “constantly putting out fires.” The “fires” refer to urgent matters that require their immediate attention and action: finding the resources to avoid utility shut-off and eviction; finding emergency childcare for one reason or another; not having transportation because their car suddenly breaks down; being called into work or mixing up work schedules; finding out that their food stamp benefits suddenly got cut off... and so on. To be clear, these challenges are common to all low-income parents, not just those who experienced trauma as children. What stood out to me among the sub-sample that experienced childhood trauma is the frequency (number of such events) and the intensity (multiple events occurring simultaneously) and severity (how badly they were hurt) of these events.

In addition to physical harm, childhood abuse victims also typically attain fewer years of schooling, have generally poor health, cannot find steady work, and lack social network support. Given these factors and their poverty status, it is then not surprising that that many of the mothers are constantly “putting out fires” – they simply did not have the opportunity to acquire the resources that would prevent these emergencies from happening. What is particularly striking about these mothers is their inability to connect their present-day actions to future goals and aspirations. This is not to say that this subsample of mothers lack long-term goals and plans. For example, throughout our interviews, Shawn regularly talks about losing 100 pound *next year*, buying herself a house in *5 to 20 years*, quitting one of her three jobs *in the next few months* so she can take a career development course that will lead to a career ... and so on. What Shawn never manages to describe in our interviews is, in concrete terms, *how* she would accomplish these goals. For example, she quit her one part-time job in July, but started working another part time job three weeks later – there is always an extra bill that didn’t get paid in the previous month. Shawn is always putting out financial fires.

What I explore in this section is how child abuse is linked to the mental state of “putting out fires,” and how the focus on immediate emergencies can prevent mothers from thinking about the long-term implications of their food practices. The abuses that the mothers experienced during their childhood put them on a disadvantaged trajectory where odds increasingly stacked against them over time (poor school performance, drug use, poor health, abusive relationships, etc). The mother who cannot make their current actions work for their future goals eventually become discouraged and less motivated to plan ahead, not coincidentally, they are also less likely to plan for their children’s food

needs on a day to day basis. This practice is in conflict with the EFH ideology that operates on the premise that the person carrying out family foodwork is planning for her family's food needs with long-term health outcomes in mind.

Childhood abuse, early substance use, and family nutrition. A common behavior found among sample members who experienced childhood sexual abuse was drug abuse during adolescence and adulthood. Mothers in the sample make a very clear connection between their earlier history of abuse and present-day health behaviors. The excerpt below summarizes the health history of Diana:

“She is about 5 feet 6 inches tall and weighs about 250lbs; she has three children but only one lives with her. She has abused crack cocaine since she was 16 years old, but has been sober for three years. She is HIV positive and has been diagnosed with cancer. Diana is in an abusive relationship and demonstrates many of the signs of clinical depression.”

When Diana first enrolled in the Three City Study, she refused to talk about her family of origin except that she was raised by her grandmother “in the south.” As time went on, Diana shared with the ethnographer that she was raped by her father at age 13, and believed that all of her life's troubles started with the rape. She never talked to anyone about it until she ran away from home at age 16, she subsequently had her first child at 17. Her crack cocaine use started at 16 and went on for more than 20 years, her youngest son was born with drugs in his system.

Diana developed a wide range of physical and mental health problems early in life, which also meant that she had a very short employment history. She started getting WIC and food stamp benefits when she was pregnant with her first child. By the time she enrolled in the Three City Study, she had been reliant on welfare for more than 25 years. She told the ethnographer that she had no plans to find paid work, explaining that her

cancer and HIV-related illnesses would “kill her” before she could find a job. The family was often low on food supply and Diana would regularly call food pantries to find out if she could bring some food home. In the following excerpt, we can see that she did not have very much confidence in her ability to regulate Gregory’s food intake.

Interviewer: Do you ever have problems making sure that he eats enough or eats the things that you think he should be eating?

Diana: He don't even eat vegetables.

Interviewer: He doesn't eat vegetables? What does he eat?

Diana: Junk food, Gregory is a junk food eater.

Ethnographer: What about juice?

Diana: He loves juice.

Ethnographer: What is his favorite juice?

Diana: Kool Aid, he like Kool Aid. Kool Aid's his favorite.

Interviewer: OK, what about at the school? How is he eating at the school?

Diana: I don't even know, I asked him. All he just be saying is he had chocolate milk. And they have pizza there, he likes pizza.

Interviewer: What foods do you think are important for your child to eat in order to be healthy and grow well?

Diana: Vegetables.

Interviewer: Vegetables, and what else?

Diana: Just vegetables, and fruits.

Interviewer: What about cheeses, meat, chicken?

Diana: Cream of wheat and vegetables.

Interviewer: Cream of wheat and vegetables.

Diana: I'm going to make some vegetables tonight for dinner.

Interviewer: Do you ever have to limit his intake of his favorite food?

Diana: Mm-mm (no).

Interviewer: Do you have any influence over what he eats when he's fed, at the school. Did you ever tell the school 'don't give him this, or give him that?

Diana: Mm-mm (no).

Interviewer: You never talked to the school about that, all right.

While Diana believed that fruits and vegetables were the most important things for her son’s health, she seemed unable and uninterested in regulating her son’s dietary intake. Instead, she accepted the fact that her two-year-old son was a “junk food eater” and showed little interest in what he ate at school. Diana believed that she was going to die

before Gregory grew up. At one point, she told the ethnographer that if she was going to die, she was going to “go” doing what she wanted to do like smoking and eating junk food.

Tamara is another mother who experienced severe trauma as a child. She was raped at eight, and lived in a neighborhood where violence was common. She grew up with her mother and stepfather who were both abusive and neglectful. The field notes excerpt below describes an incident where he beat Tamara with a barber belt because she claimed that a sweater she had received from him caused her to break out in hives, which hurt his feelings:

Tamara’s mother then asked him [her mother’s boyfriend] if he wanted to give her a spanking for hurting his feelings and he did. *“I couldn’t believe what I was hearing. My mother just sat there watching and the man beat me with a barber belt! I passed out...She didn’t protect me. She let a total stranger put those marks on her daughter.”* Tamara’s mother got involved with that man when Tamara was eight years old. Tamara continued to get beatings and be grounded by her stepfather until she ran away from home at the age of seventeen.

In addition to beatings at the hands of her mother’s boyfriend, Tamara was often left in the care of her maternal grandfather who was an alcoholic and did not give Tamara food. Thus, the sources of physical abuse and neglect came from multiple adults who were expected to provide care to Tamara. One of her boyfriends got her addicted to crack cocaine and her employment history became checkered after the drug use started. Food supply was often short in her home and her children experienced food insecurity regularly. The always urgent need of making sure that there is enough food in the house leaves Tamara with little mental and physical capacity to find and prepare healthful meals.

Penny, a grandmother in San Antonio, did not personally experience physical or sexual abuse as a child, but she witnessed domestic violence at home. Once, Penny saw her stepfather “cutting [her mother] up with a knife.” She watched as her mother eased the pain with alcohol and drugs. As an adult, Penny also started using drugs to numb the pain of physical abuse by a violent partner and release the pressure of “raising a family on [her] own.” She sold drugs to make ends meet.

Penny never received prenatal care during any of her pregnancies, nor was she given any nutrition advice by anyone. For her children and grandchildren, Penny cooked the same things her mother cooked: pinto beans, cornbread, spaghetti with meat, rice, greens, and chicken. But according to Penny, the kids often “just want ramen noodles” and she would give them those. Penny claimed that her children never experienced hunger, even during the times when she “was high on drugs and didn’t come home for days.” She told the ethnographer that she prevented her children from hunger by providing them with foods that they could easily make on their own, such as ramen noodles and microwave meals. While it was accurate that her children did not necessarily experience hunger, they also did not receive the nutrition that they needed for good health.

Childhood abuse and mothers’ relationship history. While physical and sexual abuse of children happens in families across socioeconomic strata, research has found that they occur at higher rates and have more devastating long-term effects in low-income populations (Burton and Bromell 2010; Sokoloff and Dupont 2005). Past work found that women who experienced abuse during childhood were more likely to find themselves in “transitory unions,” relationships that take the form of long-term involvement with a man

that cycles between living together and breaking up, and have involvement with other men during the periods of break-up (Cherlin et al. 2004: 777). Women in transitory unions rarely live without partners for long periods of time. The relationship instability matters in the context of this research because changes in family membership directly contribute to the development of eating habits that stray away from the EFH ideology. The relationship between childhood exposure to trauma, relationship status and children's food monitoring practices is best illustrated through in-depth case studies.

The first case comes from Evelyn, who was abused by a family relative as a child and went on to have six children by four different men.

Evelyn: putting her man's needs first.

Evelyn grew up with a single mother in Puerto Rico. While her mother was at work, Evelyn and her siblings were left in the care of their step-grandmother, whose son (Evelyn's step-uncle) started molesting Evelyn when she was six years old. Her mother took the children out of the situation several months after she had learned of the situation due to her inability to find childcare. Evelyn said that she was the only one who was molested because she was the oldest. No one ever talked to Evelyn about the abuse nor did they seek psychological counseling for her, Evelyn did not know if counseling existed when she was young. Evelyn's mother subsequently placed Evelyn and her siblings in a string of temporary care settings until Evelyn was old enough to start taking care of her siblings at home. Evelyn became pregnant at 15. In her own words, this pregnancy was the result of "rape" by a boy whom she disliked but gradually "came to love." By the time Evelyn enrolled in the Three City Study, she had had six children by four different men, and none of the relationships ended well. Throughout her participation in the Study

(1999-2001), Evelyn was involved with Antonio, a man fourteen years her junior.

Antonio was not always faithful and was often in jail for getting in fights. Antonio was once incarcerated for assaulting Evelyn with a knife. Despite his troubled relationship with Evelyn and his lack of economic contribution to the household economy, Evelyn still treated Antonio as patriarch of the household (until she decided to file for a restraining order against him for repeated assault).

Evelyn's family dinner table was not big enough for the entire family to sit around during meals times, so they never used it. It was observed that the children ate in front of the television in the living room while Evelyn and Antonio ate in their room. Here is an example of a typical meal seating arrangement according to the ethnographer's field notes:

“We had eaten lunch at a Chinese takeout counter downtown, and Evelyn brought some Chinese food home for Inez [Evelyn's oldest daughter] who had been home from school taking care of her younger siblings. Evelyn also [went to a different shop and] brought home a burrito for Antonio. They arrived home at about 2:30 pm. Evelyn had made arrangements to stay home from work that afternoon. Inez had bathed and powdered the three little ones. She had cleaned up in the kitchen (she got rid of the garbage that is usually in an open barrel) and living room. She had cooked some rice and beans and meat and had fed the three little ones the cooked meal. Antonio took his burrito to his bedroom, where he has a mini-fridge with beer, and he ate in there. Evelyn went into the room and sat with him and talked with him for a while. Then he left the house. Evelyn changed into loose clothing that she wears at home, then came out into the kitchen. Inez took to her bedroom the Chinese food treat that her mother had brought for her, taking a break from the children but left her door open. After she ate, she lay down for a while.”

In this narrative, we see that Evelyn went through the trouble of buying different foods for her daughter and Antonio. We also see that the children are without adult supervision during meal times. Inez was 17 years old at the time of the study, and she was in charge

of the younger children. When Antonio was not in the house, Evelyn was more likely to interact with her children during meal times, though the family's tight living quarters meant that it was remained physically impossible for the entire family to sit around a table during meals.

As the examples throughout this chapter illustrate, physical, sexual, or verbal abuse cause a great deal of psychological distress on the victim, leaving the victims with mental health challenges later in life. Using data from the survey and ethnographic component of the Three City Study, Cherlin and colleagues found that women who never experienced abuse were more likely to be in stable relationships; those who experienced abuse during adulthood were more likely to be in abated unions, meaning that the women have withdrawn from serious relationships with men altogether; lastly, women who were abused as children are far more likely to be in transitory unions (Cherlin et al 2004: 784-785).

Cherlin and colleagues (2004) suggested that the victims' access to social networks partially explained why the age of initial abuse matters in women's relationship patterns. Women who were not abused as children are more like to have networks of family and friends whom they can count on for emotional, material and protective support if they encounter abuse during adulthood. In other words, adult victims of abuse have more psychological and social resources necessary to exit from abusive relationships because they had the opportunity to cultivate those resources. Childhood abuse victims, on the other hand, likely have strained relationships with those in their networks and greater incidence of undiagnosed mental health problems such as depression, anxiety and post-traumatic stress disorder. However, age of abuse appears to

not be correlated with mothers' family feeding patterns and food monitoring behaviors. There are two possible reasons for this. First, the psychological distress associated with violation of the body leads one to seek comfort from resources available to them – food is often the substance of choice, and in time, mothers' food habits are passed on to their children. Second, even if adult women have networks that support their departure from an abusive partner, the network members are unlikely to be able to shelter the women from the financial uncertainties that they experience after losing a second source of income.

The experiences of Angie, a 25-year-old mother from Chicago, illustrate how abuse victims use food to help them cope with abuse at the hands of a boyfriend.

Angie: soothing the pain with food

As an adult, Angie lived in the same community in which she was raised – a low-income housing project near Lake Michigan. Angie appeared to have a strong support network in the community – her immediate and extended family members would often visit unannounced and she enjoyed their company. Angie's mother had serious mental health problems and was frequently in and out of the hospital when Angie was younger. Angie started taking care of her mother and her siblings at an early age, learning to cook from her maternal grandmother who was seen as the "cook of the family" by the time she was in middle school. Angie was not physically or sexually abused by as a child. However, the father of her youngest son started hitting her when she became pregnant with their child, and the abuse worsened as the pregnancy continued. The ethnographer noted:

"He often hit her on her back, shoulders, and legs. He says she was acting mean towards him [and deserved a beating]. Angie said: "I wasn't being mean and he just didn't care about me

anymore. He says I need to stop running off at the mouth so much.”

To calm herself down, Angie often pictured having “Jesus sitting in the room” with her, and she would talk to Jesus about her problems while snacking on “potato chips and pop” as part of her calming routine. Given her mother’s mental health condition, Angie could be genetically predisposed to anxiety, depression and mental health problems; however, she displayed no signs of mental health trouble until the abuse started. While Angie recognized that using food to calm herself prevented her from losing weight, as recommended by her doctor (she was about 100 pounds overweight), she seemed to lack the ability to follow through with any weight loss or exercise regimen. As the ethnographer described:

“Although Angie can identify what needs to be done [to lose weight], it is not clear what steps she will take toward realizing her health need of weight reduction. She has information, but the behavioral changes are far more difficult.”

Angie’s sons were both overweight at the time of the study. Sonny, the five-year-old focal child, weighed 70 pounds¹². Angie’s days began with cooking – she would prepare a big cooked breakfast with “eggs, meats, biscuits, cereals and juice,” the children would then go to school and have breakfast and lunch at school. When they returned home, Angie would give them another lunch. Below are ethnographer’s notes that describe Angie’s cooking:

Angie enjoys cooking greatly and often spends hours preparing meals. A sample menu from the previous week included pot roast, macaroni and cheese, and sweet peas. She also cooks beef ribs, steak, chicken wings, pork chops, collard greens, and dressing. The children eat whatever she prepares. At noon she

¹²According to the CDC, the average weight for five-year-old boys in the U.S. range between 37.5 and 44.7 pounds, thus putting Sonny far above the normal range.

picks up Sonny from school and feeds the children lunch, which generally consists of a sandwich, milk, juice and fruit.

Throughout the study, ethnographers observed that Angie never said no to her children whenever they asked for food, even after they had just finished substantial meals. Below is how Angie described her feelings when her doctor asked her to start portion-controlling her food intake. As the short excerpt shows, food was important to Angie's mental well-being, even if it worked against her own interest in losing weight and becoming healthier.

“The doctor just told me to cut down on my snacks, how I need to eat right breakfast, lunch and eat more fruits, vegetables, juice, milk and water. Now I need to cut back on the amount I eat - put food on a saucer instead of a plate. This is making me stressed out! I can't relax.”

Throughout Angie's participation in the Three City Study, the ethnographers noted that doctors and nurses repeatedly recommended her to try different weight loss strategies to no avail. The experiences described above suggest that perhaps Angie would have greatly benefitted from ongoing psychological counseling to complement her physical health improvement efforts.

Research has found that childhood sexual abuse can lead to long-term consequences that range from low self-image, depression, to no clear sense of boundaries between oneself and others (Briere and Elliott 1994). In this sample, mothers who were abused as children seem to experience greater challenge in defining eating schedules or limiting their food consumption even when they and their children were fully satiated. This suggests a form of disconnect between the mind and the functions of the body, which is in parallel with the finding that abuse victims find it difficult to draw boundaries between the self and others. While research has often focused on the effects of abuse on

sexual or substance abuse behaviors, the qualitative findings in this study suggest that they also have negative effects on mothers' food monitoring behaviors towards themselves and their children.

Discussion and Conclusion

This chapter examines how adverse experiences at different points of mothers' lives shape the way they carry out family foodwork. The analyses identified several mechanisms that connect mothers' childhood family experiences and victimization history to how they monitor and regulate their children's food intake. First, I point to how lack of daily eating routines caused by family instability and other sources of disruption contribute to limit mothers' understanding of food and eating and shape their learned foodwork routines. Second, I highlight the mechanisms between childhood traumatic experiences and mothers' foodwork outcomes. Trauma-induced psychological damage reduces its victim's future orientation and limits her ability to make the connection between diet and long-term health. Third, the combination of these family-based challenges offers some explanations for why individual-based nutrition interventions have produced limited results in terms of dietary behavior change. Given that mothers play particularly important roles in the prevention of obesity and other diet-related chronic diseases in children (Lindsay et al. 2006; and see, for example, Institute of Medicine 2011), the findings from this chapter have important policy and practice implications.

Previous research has illustrated that people's food choices and eating habits can be traced back to personal experiences throughout their life course regardless of their socioeconomic status (Furst et al. 1996; Devine 2005; Smith et al. 2012). Earlier work has

highlighted how adverse childhood experience, family disadvantages, and the accumulation of these challenges lead to negative life and health outcomes such as chronic hunger, substance abuse, and poor health (Burton and Bromell 2010; Chilton and Rabinowich 2012). While the fundamental causes of diseases and the life course perspective both examine the development health behaviors and health outcomes, particularly in the discussion of chronic disease prevention, they have remained independent of each other in the literature on actual food practices. The analysis in this chapter is hopefully the first step in a long series of contributions to the scholarship of chronic disease prevention from a life course perspective.

The traumatic experiences that mothers experience during childhood clearly influence their views on parenting and what it means to meet their children's needs. The relationship between childhood trauma and food-related parenting practices is far from linear, but the rich contextual details that are available only in longitudinal qualitative data help to explain why some mothers are able to adhere closely to healthy eating patterns while others have less success.

Findings from this chapter highlight the important but often neglected linkages between childhood family experiences, mental health conditions, risk factors for physical illnesses, and eventual physical health outcomes. When health care providers talk to caregivers about the health of their families, their focus is usually the physical manifestation of diseases such as obesity and diabetes. To qualify for WIC benefits, the mother and the child both need to be at nutritional risk such as anemia, being underweight, and having a history of poor pregnancy (USDA FNS: retrieved Feb 24, 2014). During WIC appointments, children's height and weight are measured, and blood

work is regularly done to check for anemia. Sample members' accounts and anecdotal evidence suggest that health care providers never talk to caregivers about life stressors and potential mental health issues facing them or their children. In most cases, mothers do not learn about their own mental health needs unless they have experienced an episode of "meltdown," and the children have been reported for behavior issues at daycare or school.

While government agencies and the general public are concerned about the physical health behaviors and health outcomes of low-income people, we may have overlooked the importance of mental health in our existing discussions. Interestingly, the caregivers in this sample place a tremendous amount of value on mental health. Below are field notes from one of the ethnographers who followed Tamara after she regained the custody of her twins:

I asked Tamara if she wanted to spend the rest of the time talking about household and family structure or health. She explained that they are intertwined at times. She said: "you can't negate these health issues, they all affect each other all the time. I just had a physical exam and they told me I was in pretty good health, but I am tired a lot, I am not healthy."

Being in the state of "not be stressed or depressed" features prominently in sample members' own definitions of being healthy. Caregivers in this study made it clear that being free of physical illness did not mean the same thing as having good health. In another example, Robyn told the ethnographer:

"[Being healthy....] is being strong-minded and not letting things get to you are good for you mental health. I may not have the best physical health, but that [strong-minded] I am. [...] Your body lets you know when you are healthy. If you don't listen to your body it could totally shut down and you could have a nervous breakdown because you are not really taking care of yourself [mentally].

In Robyn's view, having good mental health was at least equally important, if not more important than having a clean bill of physical health.

Low-income mothers' recognition of the linkages between their mental health condition and physical health status presents an opportunity for policymakers and public health professionals who aim to improve the health of low-income populations. In addition, they also provide a call for researchers to further examine mental health as a mechanism that links childhood family experiences to the intergenerational transmission of risk factors for diseases. This is especially important for very low-income populations given the current health disparities between different socioeconomic groups. While low-income parents experience more stressors in their day-to-day life, they receive far less mental health support than their high-income counterparts (Adler and Newman 2002; Burton and Bromell 2010). Some research on this issue is already underway in the U.S. (e.g. Burton and Bromell 2010; Chilton and Rabinowich 2012) and abroad (Gibson et al. 2008; Ramasubramanian, Lane, and Rahman 2013), but far more can be done in terms of research and practice.

Chapter 5: Who Has Time to Cook? Low Wage Work, Time Scarcity, and Household Food Work

This chapter examines the role of time scarcity in producing unequal health outcomes. The relationship between income and diet quality is by now a well-studied subject: people with a low-income are more likely to experience hunger and food insecurity, and they are also more likely to experience under and over-nutrition (Drewnowski and Spector 2004; Karp, Cheng, and Meyers 2005). But we know far less about how the lack of time affects foodwork and diet quality. Time is a non-monetary yet essential resource in household foodwork, but the negative effects of time scarcity are felt unevenly, depending on the socioeconomic standing of the household. Scholars studying the relationship between time, income availability, and food choices have found that the least expensive and time-saving food options commonly chosen by the poor are items high in fat, sugar, and calories (Drewnowski and Spector 2004). The public discourse on the relationship between social inequality and diet quality has primarily focused on one's financial ability to purchase healthful foods, this comes at the cost of underappreciating how non-monetary resources, such as time, factor into food decision-making process.

Becker's (1965) economic theory of household production and Vickery's (1977) development of poverty threshold both highlight time and money inputs as important resources in the household production of food consumption. Shortage in either time or money present constraints to caregivers responsible for food provision. To date, few studies have carefully examined how time scarcity, both in terms of not have enough hours in the day for family foodwork and the feeling of not having enough time, shapes household foodwork routines and influence people's food purchasing/consumption decisions. In this chapter, I contribute to the growing knowledge base of social inequality

and health by carefully analyzing how time scarcity in low-income contexts contributes to low-quality diet.

Previous research reminds us that most private routines, such as food provision, are still shaped by activities in the public realm (DeVault 1991; Roy, Tubbs, and Burton 2004; Tubbs, Roy and Burton 2005). In her research on the social organization of care work, DeVault illustrated that the maintenance and planning work that women carry out on a daily basis within families is often invisible and spread throughout other daily activities in public and private spheres. As result of a lack of clear conceptual linkage between public and private time, how activities and events taking place in the public realm alter private home foodwork routines and food choices are not clearly understood. Subsequently, nutrition intervention strategies aiming to improve the diet of low-income households fall short of appreciating the realities with which low-income caregivers must grapple.

It is important to point out here that almost all American parents feel pressed for time, but the solutions differ greatly according to the availabilities of monetary resources. There has been a dramatic increase in the number of working hours between 1969 and 1989, especially for women, whose participation in paid full-time or part-time work increased by 287 hours a year (roughly seven 40-hour work weeks) while their non-market hours (time spent at home) decreased by 126 hours (Schor 2002). Because the hours of increased work applies to those employed full-time and part-time, the increase was likely experienced by women across all socioeconomic backgrounds. What makes the time-scarcity experiences most different for women in these groups is their differential access to other resources that offset time constraints. As Strazdins and

colleagues stated: “Those who are paid well [can then] “buy time” (e.g. eating out in restaurants, hiring domestic help and so on), but people working in very low-paid jobs are unlikely to make enough money to buy more time-saving goods and services, creating a time and income double-jeopardy” (Strazdins, Griffin, Broom et al. 2011: 552). In addition to describing how the “time and income double-jeopardy” is created throughout the rhythms of daily life, this chapter provides a detailed look at the solutions that low-income caregivers use to address this dilemma discuss their implications for diet and health. The aim is to use the findings to inform the refinement of social policies and programs to improve the diet and health of low-income people.

In this chapter, I define economic activities broadly to include formal employment outside the home, informal employment at home, and public assistance-related appointments at local social service agencies. As the findings will show, family foodwork routines (food planning, provisioning, preparation and cleaning up after eating) are woven into the daily routines as mothers attempt to simultaneously engage in economic activities and caring for their family members. While almost all of the caregivers in the sample face similar scheduling challenges, e.g. low-wage work and slow-moving welfare bureaucracy, some mothers are more likely to adhere to the eating for health (EFH) ideology than others. This chapter will shed light on the fact that social and institutional arrangements, rather than individual ability to plan and organize their day, have more to do with how likely mothers adhere to EFH practices.

This chapter addresses the following questions: first, how does the fact of living in poverty produce the feeling of time scarcity among low-income caregivers, what are sources of time loss? Second, how do low-income caregivers respond to the feeling of

time scarcity in carrying out family foodwork? Related to this question, why are caregivers more successful at meeting their EFH goals at some times than other times? Lastly, what kind of policies lessons might we learn from closely examining the foodwork routines of low-income mothers?

Background

Time and household production. As economists and labor researchers have identified, both time and money (and the foods purchased with the money) are essential building blocks of healthy family nutrition (for example, Becker 1965; DeVault 1991). The household production model assumes households to have one male breadwinner and one female homemaker. It also assumes that individuals maximize utility from consumption goods and leisure time, subject to the constraints of available resources. It proposes that households “combine time and market goods to produce more basic commodities that directly enter their utility functions” (Becker 1965: 495). The household production model predicts that individuals choose a mix of time and purchased inputs that maximized well-being while minimizes total cost of doing so. This model recognizes that families (and by extension, society at large) would not be able to properly function without the unpaid production labor produced by the female spouse. Through lens of the household production model, caregivers become producers as well as consumers: they produce commodities (e.g. meals) by combining inputs (goods and time) according to their own cost-minimization rules. In this model, the higher the disposable household income, the more likely it is for women to use convenience foods to reduce the amount of time they spent on home food production. Becker’s model has helped subsequent researchers appreciate the importance of time in their analysis of household

economics. However, since it was developed in late 1950s and early 1960s, this model was not fully prepared to consider the potential impact of women's entry into paid work outside the home and how advancements in food technology, particularly convenience foods, would change the nutritional outcomes for families. Furthermore, since this theory was based on the experiences of married, two-parent households, its applicability to low-income, women-headed households has always been limited.

Who has time to cook in low-income households? Becker was not the only one to overlook the fact that women's participation in the labor force was on a continuous upward trajectory. The architects of the Food Stamp Program (FSP, now commonly referred to as SNAP, the Supplemental Nutrition Assistance Program), also based its design on the assumption that there would be at least one person at home who was able to meet household nutrition needs on a tight budget¹³. The Thrifty Food Plan (TFP) is the basis for the maximum food stamp/SNAP allotment. It was created in 1975, at a time when many families likely had one non-working adult in the household who could prepare low-cost, nutritious "wholesome" meals from scratch. Items that were included on the TFP generally included items that needed to be prepared "from scratch," such as fresh foods, dried beans, and grains and grain products. The USDA has commissioned feasibility studies of the TFP over the years and concluded that it was possible to eat a nutritious diet at the maximum allotment (Carlson et al. 2007). The TFP is actually a set of market baskets of food, each designed for a specific age-gender group (e.g., 19-50 year old males/females). There are 15 baskets in all; each one lists quantities that can be

¹³Vickery (1977) took Becker's model a step further and argued that federal income transfer programs needed to take both income and household production into consideration as poverty threshold was calculated. Using ATUS data from 1985 and Vickery's formula, Douthitt (2000) found that if time was considered a form of household resource, poverty rates would increase dramatically for single mothers (Douthitt: 9).

purchased of 29 different food groups (e.g., whole grain cereals, dark green vegetables, fish and fish products). The cost of the TFP is calculated each month and provides the basis for inflation adjustments to the monthly allotments, or Food Stamp benefits, received by households participating in the Food Stamp Program. The basis for these costs is that all meals and snacks are purchased at stores and prepared at home. Costs are listed for individuals in different age-gender groups assuming they live in 4-person households.

The original feasibility studies of the TFP were based on unrealistic assumptions of food consumption patterns and assumptions regarding the availability, access, and affordability of foods in the communities in which SNAP recipients reside (Hartline-Grafton and Weill 2012). Importantly, the TFP greatly overestimates the amount of time people actually spend on home food preparation and underestimates the time constraints facing SNAP recipients. For example, a study found that in order to follow a wholesome diet afforded by the 1999 TFP, recipients needed to budget 13.1 hours per week on home food preparation; the same study found that on average, individuals only spend 4.41 hours a week on home food production (Davis and You 2010a). In another study that focused on female caregivers, the author found that preparing and cooking recipes based on the TFP required 16.1 hours a week, yet women were only able to spend 4.5 to 13.9 hours per week in meal preparation, which varied by employment status and SNAP participation (Rose 2007). None of these estimates include shopping and clean-up time.

Recognizing the fact that more SNAP recipients are employed outside the home, the USDA updated the market basket items permitted under the TFP in 2006. The revised TFP incorporated more convenience and commercially prepared foods into the TFP

market basket cost calculations (Carlson et al. 2006); time-saving food items such as frozen or canned foods were included on the eligible food list. While the inclusion of these convenience foods certainly helped some caregivers, the time gap remained large for most caregivers. A 2007 study commissioned by the USDA estimated that households would need to spend between 80 minutes to two and half hours (150 minutes) each day to prepare foods according to TFP nutrition guidelines. However, in practice, most low-income women who work full-time spend just over 40 minutes each day to prepare foods for home consumption (Mancino and Newman 2007). In 2012, the average U.S. women who actually engaged in home food preparation activities spent approximately 70 minutes on home food preparation (American Time Use Survey 2012), which was still below the amount of time required to meet TFP's time requirements. Mancino and Newman (2007) also found that how much time people spent on home food preparation was highly dependent on factors that seem unrelated to food cost at first glance. For example, gender, marital status, and household composition all determined the amount of time households spent on food preparation at home. These findings highlight the need to closely examine how household level contextual factors influence how caregivers allocate time for foodwork and create family needs-specific foodwork routines.

Time Obligations and Coping Strategies. In their article about low-income mothers' time obligations and resource allocations, Roy et al (2004) use the concept of "the public timetable" to illustrate the linkage between public time use and family life (169). The public timetable (Monday through Friday, 9:00 a.m. to 5:00 p.m.) represents a shared understanding that appointments and commitments are made around these publically agreed upon cycles of operating hours for consumer services. The public

timetable also represents socially constructed notions of how we are to spend our time; on the public timetable, or as some would say, during normal business hours, are the non-discretionary, non-personal hours. Parents whose work schedules adhere closely to the public timetable are able to earn an income and purchase services to relieve them of time-consuming tasks such as house cleaning, meal preparation, etc. Events on the public timetable tend to be seen as discrete actions and events, however, it hides the cost on personal discretionary time. For example, on the public timetable, the work day ends at 5:00 p.m., but for parents who must commute home during rush hour traffic, particularly those who must rely on complicated networks of public transportation system, their work days may not end until several hours after 5:00 p.m.

Using the Chicago sample of the Three City Study, Roy et al. (2004) analyzed the daily routines of 75 low-income families to gain a more nuanced understanding of how low-income mothers spend their time. They found that low-income families' daily routines are divided into daily time obligations to family care work, transit, work, school and other institutional appointment requirements. For single mothers, these time obligations are often overlapping events and meeting the obligations require creative strategies and techniques to get around the need to "be in two places at once." Unlike parents whose work arrangements adhere closely to the public timetable, Roy et al. found that low-income parent worked with unstable daily rhythms. Mothers discussed how they "made time" by staggering obligations to avoid overlapping appointments; tapping into social support networks to alleviate some of the time burdens; and decreasing their time obligations by opting out of opportunities and services. The analysis by Roy et al. focused on employment and home implications of low-income families' time dilemma. In

the remainder of this chapter, I use data from the Three City Study and the Baltimore Foodwork Study to specifically examine how economic obligations impact family foodwork, family life and discuss the potential nutrition implications of their strategies.

Findings

How low-wage work affects family foodwork. With the exception of a handful of caregivers who were retired or had some form of long-term physical or mental illness, all of the mothers in this study found employment outside the home at some point during the study period. Most of the mothers in the sample were employed in low-wage work and still qualified for programs such as medical insurance and food assistance benefits. Sample members who did not work usually received welfare cash aid. If sample members worked, they often worked 8-12 hour days and no longer received cash aid. Being away from home for much of the day made combining caregiving and employment responsibilities especially hard for single mothers who do not have a spouse, partner, or family member to provide unpaid labor of care at home.

The nature and conditions of low-wage work impacted the household food routines in several ways. First, they often operated outside the public timetable, asking workers to start long before or long after the regular workday, and often required weekend hours. Second, scheduling was often unpredictable. Managers of hourly workers often use the just-in-time scheduling technique to streamline labor cost. This means that hourly workers often receive weekly schedules with little notice beforehand and often have to deal with last minute scheduling changes. Workers may be kept after scheduled shift had ended, be asked to go home early on slow days, or being called in to work on scheduled off days. The unpredictable nature of work makes it difficult for workers to

make childcare or other arrangements for family care needs. Human resources decisions in low-wage employment are based on a seniority system where “the last hired is the first fired.” Mothers who are unable to balance home and work arrangements often find themselves leaving one hourly position for another position with a different employer, hoping that they would find a sympathetic manager willing to support their unique family needs. In practice, low-income mothers find themselves trapped in a series of low-paying, low-status jobs where they have little say over scheduling. Finally, unpredictability of employment and income lead to unstable household resources. Food assistance benefits fluctuate with earned income in a counter-cyclical fashion – when earned income is high, food assistance benefits go down. However, as most states require recipients to recertify for benefits once every three to six months, there is often a lag in employment rate – a store clerk’s sudden high income during the winter holiday season might mean that she and her children will see a reduction in food assistance benefits in the following quarter. All of these employment-related factors directly impact household foodwork, and Yolanda’s experiences exemplify the challenges experienced by mothers who try to provide care to their children while employed in low-wage work.

Yolanda enrolled in the Three City Study in 1999, she was 24-yearsold and had five children. She had been relying on welfare benefits since she moved from Puerto Rico to mainland United States in 1995. When her youngest son was born in 1997, she was told that she would have to start working per welfare reform requirements by the time her child turned two. Yolanda had grown up with an abusive father and ran away at 15 to live with her boyfriend’s family; she became a mother at age 16, and being a mother was the only job she ever knew. As a stay-at-home mother, Yolanda’s life centered on her

children's food needs; below is a summary of how Yolanda described her daily routine in 1999:

"I get up at 8:00AM, I cook breakfast for the children, then I clean, they watch cartoons, when I finished cleaning I sit down with them to watch T.V. In the afternoon I start cooking again, I feed them and after that I give them a bath, and then is time to go to sleep. My oldest goes to school and her grandfather takes her to school. She comes back at about 3:30 p.m. By the time she comes back I already have cooked lunch because she does not like the school food. When she comes back she eats. Then she starts with her homework, bathing time, if she wants to eat something else she asks for it. I make dinner for the other children after my oldest eats, but if they want to eat corn flakes, or anything else they want for dinner, I give to them. They don't like to eat much. I cook anything they want at night.

As this summary shows, anticipating and meeting her children's food needs was important to Yolanda. While Yolanda was never strict about limiting her children's food choice, she was quick to respond to their food needs and monitored their eating habits in person. In mid-2000, Yolanda started working at a facility that packages food for commercial airlines, and her daily routine changed. As Yolanda transitioned into her new role as a working mother, she tried to rely on her sister and sister-in-law to provide care to her children. The dialog between Yolanda and the ethnographer below illustrates a lot of the changes in Yolanda's daily routine, and how network resource failures sometimes meant her children would go through entire days without eating, which then led Yolanda to reduce the amount of time she spent on food preparation.

Interviewer: Now that you are working, have the time and dinner habits changed?

Yolanda: No, because I used to cook from 3:00 p.m. and on, but when they were being watched here at home [by my sister and sister-in-law], they didn't give them the proper breakfast and lunch. So when I come home I have to cook fast.

Interviewer: Do you make them breakfast in the morning?

Yolanda: No because I go to work early at 6:30 and they are still sleeping; I leave everything ready for them. [...] Lets say I wanted her to give them hot dogs, and I would tell her "look I want you to give them hot dogs"

Ethnographer: And who were watching them?

Yolanda: My sister and my sister-in-law and their children. They like the french fries and the chicken nuggets. And they didn't feed them that.

Ethnographer: Did they cook meals for them and their own children?

Yolanda: Yeah, they "se hartaban" (roughly translates to "pigging out"). Look, I used to bring three of these (showing a large bag of french fries she keeps in a separate freezer next to the dining room table), and my children didn't get any.

Ethnographer: Did the children tell you what was happening?

Yolanda: Yes, that they were given "harina de maiz" (corn meal) until I came home. They are starving by dinner time.

When she stayed at home with her children, she was able to maintain a well-established daily schedule and rarely felt the need to rush through feeding routines, but this was no longer the case. While Yolanda did not change her dinner schedule per se, the pace and urgency of family feeding did change – she had to “cook fast” rather than taking her time with cooking and let her children decide what they wanted to eat.

Yolanda tried to establish new routines so that she could take care of her children's food needs herself. But like most low-wage workers, Yolanda had little control over her work schedule; she found it extremely challenging to plan ahead. Yolanda was interested in planning ahead by preparing meals during her off hours and on off days but her schedule changed too frequently for her to manage the logistics of planning ahead. For example, when Yolanda first started working in the fall and early winter of 2000, her work schedule was approximately from 9:00 p.m. to 6:00 a.m.; then it was changed to 3:00 p.m. to 11:00 p.m.; the schedule was changed again during the spring of 2001 to 6:00a.m. to 3:00 p.m. Yolanda was often kept at work later than her scheduled time, and

regularly worked on weekends when her husband and children were home. None of these scheduled work hours fully synchronized with the public timetable. These frequent scheduling changes also made food shopping more complicated for Yolanda.

When Yolanda was unemployed and received full allotment of food stamp benefits (\$495 a month), she was able to condense all of her shopping into one big trip at the beginning of the month either on a weekday afternoon or a Saturday morning. She would travel outside her neighborhood to shop at a larger, cleaner, and cheaper supermarket. After she started working, her benefit levels were reduced and she no longer had the time for one major shopping trip each month. Instead, Yolanda would go to small stores in her neighborhood to “replace the basics” e.g. cereals, bread, spaghetti, and milk. In total, the family of 7 spent between no more than \$300 a month on food after Yolanda started working. Yolanda rarely purchased new or unfamiliar food products after she started working full-time because she rarely had enough money for food and the neighborhood stores did not stock new or unusual food items. Her children, who had been described as picky eaters rarely tried new foods as a result of the family’s financial difficulties and lack of time. While Yolanda intuitively knew that it was important for her children to try a wide variety of foods (in her own words: “they should eat everything, not just what they liked”); she simply did not have enough time, money, nor energy to shop around and persuade her children to try new foods as she tried to make ends meet.

Yolanda’s example is typical of sample members who experience the time-income double jeopardy as a result of falling through the cracks between employment demands and nutrition assistance programs. In the remainder of the chapter, I provide

detailed examples of the foodwork-related strategies that mothers use to reverse the time-income challenge. The implications for family nutrition are also discussed.

Cutting Down Time Spent on Foodwork

Fewer trips to the grocery store. The majority of the sample members mentioned going to stores outside their neighborhoods to do their grocery shopping for price and quality reasons. Grocery shopping is a unique challenge for mother in the sample. First, while it is not paid work, it must be done away from home; second, the logistical challenges of grocery shopping makes it labor-intensive and reduce the amount of time mothers can spend with their children to cultivate family bonds. Mothers who did not have their own vehicles relied on public transit, informal taxi services, or getting rides from social network members, which means that they have to take other people's schedules into consideration when planning grocery needs. Because grocery shopping is considered a "big ticket item" activity on many low-income mothers' schedules, I paid close attention to how they negotiated the competing time demands between getting the best prices and being able to spend time at home with their children. I found that mothers engaged in extensive mental planning processes to reduce the number of trips to the store and the amount of time they spend at the stores.

The American Time Use Survey (ATUS) tracks the amount of time people spend on purchasing food in stores for home preparation and consumption. According to ATUS, on average, married mothers employed in full-time work spend approximately 1 hour per week/4 hours per month on grocery shopping (ATUS 2012). Since food shopping is considered an activity of daily sustenance, ATUS further breaks the number down to

about 8 minutes a day. However, this low figure does not reflect the reality of the experiences of low-income consumers.

Grocery shopping in low-income neighborhoods could take two to three times as long as it does in higher income neighborhoods (Roy et al. 2004; Zenk, Odoms-Young, Dallas, 2011). There are several reasons for this disparity. First, food availability is often unreliable in stores in low-income communities. According to a 2011 market basket study conducted in Philadelphia, 35 percent of the items on the TFP were not available in the study stores in four low-income neighborhoods, this is striking because four of the stores were large full-service supermarkets (Breen, Ettinger de Cuba, Cook et al., 2011). Furthermore, 50 percent of the items were not available in small neighborhood grocery stores which mothers without transportation often relied on; most of the items unavailable in low-income communities were nutrient-dense fruits and vegetables (Breen et al.). The limited availability of foods is one reason that all of the mothers in my study cited why they must shop in multiple stores in order to complete their grocery shopping.

Second, the quality of foods available in grocery stores, as well as the stores themselves, is often unpredictable in low-income neighborhoods. In some ways, the stratification of diet begins at the grocery store level, long before consumer choice becomes part of the equation. One of the participants in a study said that one had to “hunt for the fruits, the vegetables,” suggesting that there are serious environmental barriers to food acquisition in low-income neighborhoods (Zenk et al.: 285). Grocery stores in low-income areas often prominently display packaged and processed foods in ways that overshadow displays of fresh fruits, vegetables, and meats. Grocery stores in higher income communities, on the other hand, prominently display fresh produce as

shoppers enter the stores. The lower produce turnover rate also means that fresh produce stay on displays longer and lose freshness. In order to purchase healthy items, mothers must carefully go through the items in order to find fruits and vegetables that have not been heavily bruised or started to rot. All of the mothers I interviewed in Baltimore also mentioned the problems of cleanliness, including their “regular/favorite stores.” For example, Katie told me:

My thing is that if I walk into a market and it smells funny- I’m not buying any meat or any open products. Not at all. Anything I’m buying from there would have to be in a package. Like cereal or, um, juice or something like that.

In another instance, I asked Katie why she never went to a supermarket located one block away from her home:

When I walked into that market the first time, there was this weird odor one day, and I was like, oh, I can’t buy anything outta here if it smells like that. Like, I don’t know if it was just some meat that went bad or what was going on, but I don’t think a market should ever smell that way. So that stops me from going in there.

If study participants were explicitly asked about which stores they frequented, the issue of smell always came up in their answers. Sometimes, the stores might have such a foul smell that the mothers end up driving to the store only to immediately leave the store and go elsewhere for their purchases.

Finally, mothers all report shopping at multiple stores, and food cost is an important reason for this practice. Almost all of the mothers in the study report buying food from at least three different grocery stores each month. Given that the mothers already must shop at multiple stores for reasons of smell, foods in stock and convenience, they quickly notice that stores had different price sales. The mothers may know the prices

so well that they plan their monthly shopping schedule around anticipated sales. For example, Reina told me:

Normally the sale papers come around the same time, when they come, before I go to the market, I look at them—see who has what. And I’ll just go pick up the sale items, and then [...] Like I just went to Food King up Wabash the other day—my daughter and I. They have, um—at the end of their month—I guess like after the stamp deadline (the slow period just before the next month’s SNAP benefits are distributed) or whatever. They always have like...say chicken stick is \$3.99 a pound, but you know they gotta get it out the store by a date—a certain date on the package since they can’t refreeze it [...] it’ll be on sale for \$2.50 a pound. So that’s like a dollar fifty off a pound. You know, ‘cause it’s a special—special today on the pack, you know. So I’ll go up there—like I went at the end of the month like I always do and buy my meats like that from them. So if I’m getting a pack with two pounds in it, that’ll save me three dollars off that one pack, you know. Shoppers always has the ground beef—the ninety-three-seven (93 percent lean meat, 7 percent fat) ground beef on sale at the end of the month too—after that deadline [expiration date], and I go up there and they’ll have it like a dollar off or two dollars off a pound, and I get it because it’s more expensive [than higher fat content ground beef]. I know I can’t afford the regular price so when I seen it there, I’m hit to win the sales, cut in. So I just shop like that.

Reina’s budget-conscious shopping pattern means that she has to shop from at least two stores for her meats. And one couldn’t help but notice her use of competitive words, one has to “win the sales” and “cut in” on the discounts when one is working with a tight budget. If she is not able to get ahead by making small savings from package to package, then she thinks of herself as having lost both money and time. With four growing children, a full-time job, and poor physical health, time and money are both scarce resources that Reina could not afford to waste.

As Koch (2012) learned from interviews with grocery shoppers, “saving money” has become “a bedrock principle of grocery shopping (65), and shoppers indicated that

they are being good when they save money at the grocery store (67). Koch's informants were predominantly professional middle class consumers who did not have the same financial struggles as the mothers in my sample did. However, absorbing the same "efficiency housewife discourse" that they received from different media outlets (e.g. magazines, television shows, even the USDA), they too tried to save money at every possible opportunity Koch: 69-73). However, while middle class shoppers might spend some planning time to make grocery lists for just one store, and occasionally "pick up the extras" from different stores, low-income mothers make lists for several different stores on a regular basis because that is the only way they could maximize the best discounts and purchase items that are safe for consumption.

Given the different constraints that low-income mothers must overcome in the food provisioning process, it is understandable that low-income mothers view grocery shopping as work. Their perception that shopping is work is very different from some middle class mothers who view grocery shopping time as a break from other caregiving or professional responsibilities (Johnston and Cairns 2013; Koch 2013). Furthermore, given their time constraints, it is unlikely for low-income mothers to make frequent trips to the store for the freshest, minimally processed foods which is often promoted in current literature. In the next section, I highlight for how mothers plan ahead to reduce the total number of grocery shopping trips.

Beatrice, a grandmother taking care of three grandchildren with severe health issues, was able to shop twice a month. To simplify her planning process, Beatrice bought the same items on each grocery trip, her usual items included: "pork chops, beef, chicken, fish, four bags of sugar, canned biscuits, beans, and rice;" for the healthy items,

she would buy canned vegetables on sale. She said she would get two grocery carts each time she went to the store; she said she would “push one buggy and pull the other one. That's the way I shopped. [...] I shop big like that twice a month.” It's too hard to get on the bus with all the food she needed to buy for her family, so she'd rather buy a lot of food at once from the closest market.

Natalie, a mother of two in Baltimore is an exceptionally meticulous planner. When Natalie entered the study, she was getting ready to start her very last semester in her bachelor's degree program. Balancing academic demands and taking care of two children, one of whom was diagnosed with Attention Deficit Hyperactive Disorder (ADHD), is no easy feat. Natalie opted out of putting her daughter on ADHD medication because she was concerned about potential side effects. She controls her daughter's ADHD episodes by watching her diet and calming her down through talk. The dialogue below summarizes how her daughter's ADHD condition impacts her educational pursuits and use of time.

Natalie: Yep, she's with me 24/7 - you know how some parents be sayin' “oh they with me 24/7” but you know they be gone some day. NO, she's really with me 24/7. [When] school call, got to go up there sit with her in class. It's 24/7!

WTC: Is this why you said sometimes you have to sneak away to do schoolwork?

Natalie: Yeah, some days. It don't successfully work all the time, but it does most of the time- it works. Sometimes she don't want to go to sleep at 7:30 or 8:00 like her brother, that's why I stayed up late until one, two o'clock in the morning sittin' in the room doing [my homework after] she finally go to sleep, which is about ten, eleven o'clock at night.

Because Natalie can never anticipate her daughter's needs, she need to be extremely meticulous in planning ahead in other areas of her life so she is more or less ready to tend to her daughter's needs with little notice. Food shopping is an area where Natalie displays

her planning skills the best. Natalie does not have a car lives in a neighborhood where every other house is boarded up. There is one discount chain grocery store (Aldi's) within walking distance of Natalie's home that offers particularly good prices for packaged foods such as boxed macaroni and cheese, canned soups, and individually packaged snacks. The store also carries a wide range of chilled and frozen foods, such as juices, dairy, frozen vegetables, seafood, and microwavable meals. However, since Natalie's home sits atop a steep hill and the store is on the bottom of the hill, while Natalie could walk to the store, walking home with heavy groceries is a real physical challenge. The store also has a magnetic antitheft system around its perimeter so its customers cannot push shopping carts out of the store's parking lot. Natalie's schedule does not allow her to make frequent trips to the store, she was only able to go on one major shopping trip each month, and she had to plan carefully.

As a child, Natalie learned that supermarkets in the suburbs sell higher quality foods at lower prices, so she usually gets a ride from her friend Sally around the 8th of each month (which is when Natalie and her girlfriend receive their SNAP benefits) to go on one big shopping trip. Natalie and Sally are students at the same college, and unlike Natalie, Sally has no children and few time obligations beyond school work. Natalie bought a standing freezer in 2012 so she could store the extra frozen foods and maximize each shopping trip. When I went shopping with Natalie as part of the study, we went to two stores in Catonsville, about 15 miles west of Natalie's home, and ended the trip at Aldi's near Natalie's home. In total, we spent more than three hours walking around three different stores, but we wasted no time on "browsing" through store aisles for the best deals. Natalie came with a long list of specific items she wanted from each store, what is

more, she had written down the prices of items on her shopping list. The only store we missed from Natalie's usual shopping route was the warehouse store Sam's Club, which, according to Natalie, "has the best prices on everything – huge boxes of bacon, cheapest peanut butter, best price for eggs, except bread, Wal Mart has cheaper bread...". From each store, Natalie purchased the "value-pack" meats on large trays or bags, often exceeding 10 lbs. The following dialogue details the continuous process of Natalie's family foodwork planning.

WTC: And how do you decide what to cook each day during the week?

Natalie: we'll take out something. Whatever one we'll take out, then we'll base our dinner around that. [...] Like if we had like chicken breast one day—like the day before, we'll take out chicken wings. And these we'll alternate between, but we'll make it different each time or whatever.

WTC: Do you cook the entire bag of chicken at once?

Natalie: [No]. We have them in [individual] bags because you know with Sam's club or HMart, the meat come in a big bag... One—just one big bag [of meat]. So when we come home, that's why we got the freezer bags over there—you see the big box over there. We have to separate it. And make each [bag] how much we need—like we need four chicken breasts for dinner, so we put four in each bag and put the bag in the freezer.

WTC: So you are saying, when you come back from Sam's Club, you go through the whole process of opening each big bag, separating out the pieces, putting them in freezer bags, and then just—then stick everything in the freezer?

Natalie: Mhm, yup.

One may be inclined to interpret Natalie's meal planning practices simply as a positive personal trait, it is important to note several external factors that aided her ability to buy large quantities of food and make advanced meal plans. First, both Natalie and her girlfriend receive full allotments of SNAP benefits, the total amount of food budget for this household of four was close to \$700 a month, while the average Maryland SNAP recipient received \$130 a month (translating to \$520 total for a household of 4) in SNAP

benefits in 2013 (USDA Food and Nutrition Services 2013). The extra money means that Natalie can actually afford to purchase large quantities of foods at the beginning of each month so she could save shopping time later.

Second, Natalie is able to consistently rely on Sally's transportation support, and this form of informal support is essential for mothers who lacked their own transportation. Other mothers, such as Stacey in Boston were not quite as fortunate as Natalie. Stacey said: "If I get a ride I do one big shopping, that's it. [...] Either my friend can drive me when she had a car, or my mother. And the only reason my mother will give me a ride is 'cause she wants something too, so, it depends." When Stacey was not able to get a ride, she needed to buy small quantities from stores in her neighborhood on foot. The stores in her neighborhood are more expensive than stores in other parts of the city, and with five children in her household, shopping was a constant and time-consuming chore.

Third, as a student, Natalie's school obligations are condensed into two of three days each week. In practice, Natalie still has more discretionary time than parents who had to follow daily work schedules. Finally, Natalie and her girlfriend were able to combine their resources to purchase a freestanding freezer chest to store the food she purchased, this was a luxury item that other mothers in the sample did not have.

Cooking less. Mothers who experience daily scheduling challenges often cook in large quantities when they had the time to do so, which were typically during their hours and days of rest. This practice free up some discretionary time, but also reduces the variety of foods children eat. For example, when Liberty worked as a convention center line cook, she often had to work six days a week totaling 60-70 hours. While her

husband's mother often watched their children when they were at work, Liberty was still responsible for providing food for her children. In addition to minimizing the number of grocery shopping trips to once every three weeks, Liberty spent her days off cooking big meals (such as tomato-based pasta sauces, meat stews or chili) for the week, so that she did not need to prepare fresh meals every night after having spent all day cooking. When Liberty first enrolled in the Three City Study, she was unemployed and waiting for the birth of her daughter. During her period of unemployment, she prepared meals at home on a daily basis, and was pleased about the fact that she had the time to prepare large quantities of fresh meals with vegetables for her family. But Liberty soon returned to work at a discount grocery store in her neighborhood, working the second shift from 3:00 PM until closing, and she was back to following her old schedule of cooking large quantities on her days off. Marka, a single mother in Boston worked from 7:30 to 4:00pm, and took English as second language classes throughout her participation in the Three City Study. As Marka explained, "sometimes I cook enough for several days and all I have to do is heat it up" when she and her daughter returned home.

As DeVault made clear in her work (1991), caregivers responsible for foodwork have to reconcile not just their own lack of time and hectic schedules, they also had to find a way accommodate the schedules of those in their care. Low-income households often have multiple members working in unstable, low-wage jobs, therefore, those responsible for family food provision must also take other household members' scheduling needs into consideration. While the architects of food assistance programs have yet found a politically viable way to factor food preparation time into the calculation of benefit levels (Rose 2007; Davis and You 2011), low-income mother's descriptions of

their planning-related time conservation strategies make clear that time is an important yet scarce resource that holds them back from providing optimal nutrition for those in their care.

The fact that time scarcity in low-income families is a structural issue rather than an individual problem of poor planning comes across most clearly in cases where the primary caregiver does not work outside the home, but has family members who hold low-wage jobs. Tonya's case exemplifies this point. When Tonya enrolled in the study, she officially had two children under the age of 18 in her care, but her oldest daughter Mona and Mona's daughter Brenna were also living with Tonya. Tonya's employment schedule was sporadic because her depression condition made her "hard-to-employ." Mona was trying to find steady work, but work and childcare scheduling conflicts made it difficult for her to hold down a job for long enough to establish a regular routine. Tonya received \$104 in food stamp benefits while Mona received \$23 a month in food stamp benefits. This household was always operating well below the poverty level, and Tonya had to find ways to stretch her resources. As the study proceeded into its second year, Tonya's 15-year-old daughter Tammy also started working after school, she needed to supplement household income as well as generate some spending money for herself.

Below is a summary from an interview conducted with Tonya in 2001.

For dinner on this night (a Tuesday night), Tonya will prepare "a big pot o' Hamburger Helper, to make it last." She will serve it with biscuits. "Make it last the rest o' this week." On the counter, defrosting, is a log of hamburger meat, perhaps two or three pounds in weight. When it has softened enough, Tonya will cut it in half and return the rest to the freezer. She then will add two boxes of elbow macaroni and the Hamburger Helper, which then would be stretched beyond its intended concentration but provides some spice, plus ketchup or tomatoes or tomato paste. On subsequent days the meal will be microwaved. As well as

cutting down on use of the stove, this strategy allows family members to eat on their own schedule. It sounds as though during the week, Tonya and Opal are the only ones who eat together. Food from the big Sunday dinner, which Tonya had hoped would last longer, is already gone. She hopes that the hamburger casserole will last, so she doesn't have to use the gas stove again until Sunday.

Since Tonya did not have stable employment, her discussion of food work did not directly address her own time scarcity challenges, but this did not mean that time scarcity was not an issue for her family. Tonya still had to plan with other household members' shifting schedules in mind, making large batches of food means that the family members who worked did not have to wait for Tonya to prepare a meal at the end of a busy day. Furthermore, Tonya directly connected cooking to the conservation of other resources – making food last long enough so that the household would not run out of food, time saved from cooking also meant reduced use of gas and lower utility bills.

Making the quickest thing. In Chapter 3, I discussed in detail that some low-income mothers have come to view family foodwork as a form of empowerment. Through home production, mothers who have little control in other domains of their lives can sometimes cultivate a sense of empowerment from preparing meals for their families. While acts of foodwork may empower some people, it is important to remind ourselves that family foodwork is still a form of work (and an unpaid form of work at that). Time and financial limitations mean that mothers have to prioritize their responsibilities to focus on paid work and reduce the amount of time they spend on unpaid work. Benita's case serves as a good example of this point. When Benita enrolled in the Three City Study in 1999, she was working for her local YMCA's after-school program on a part-time basis, and struggled to make ends meet by combining welfare payments, food stamp

benefits and her wage income. As a single parent to four children aged six months to 12 years, Benita often had to take her children to different appointments; her need to rely on public assistance benefits also meant that she regularly attended social service agency appointments with her children in tow. Cooking was not high on Benita's priority list. While she did cook meals from scratch at home, she minimized the amount of time she spent on this foodwork. As Benita explained to the ethnographer:

"I cook one day a week before I go to work. A big meal. All the other days we eat stuff that's quick to make - like spaghetti and stuff like that. Today, it's pork chops, greens, homemade macaroni and cheese, cornbread, and brownies."

When asked what about her evening routines, she said:

"It's non-stop. I try to get them in bed as quick as possible in the evening time. My house stay a mess because I don't feel like doing it, I'm too tired. I don't have any energy, not all the time, I clean up most times but sometimes I don't clean up. I don't touch nothing and I just go to the next day because I be so drained. And cooking, I cook the quickest thing and that's Oodles of Noodles or give them some oatmeal for supper, as long as they eat something because they ain't goin' eat that much no way. Sometimes I let them eat out or something. But I'm drained."

Like Benita, Natalia often felt drained after a long day working as a home healthcare aid. Natalia was as "a large woman with an extremely large stomach" who had health problems that stemmed from diabetes and obesity. Natalia recognized that she needed to control her diet, but she simply was not able to eat healthier because she did not have time to cook at home. Below is a conversation between Natalia and her ethnographer:

Interviewer: Do you plan meals?

Natalia: Not really. I usually buy them those hot pockets, because usually when I come home from work I'm too tired to cook. I usually buy them like, Raman noodles they like the Raman noodle, the hot pockets, or those meals that already have

the chicken, mashed potatoes, and the corn in it (frozen dinners).
I usually buy those (frozen dinners) when I don't want to cook.

Interviewer: how often do you buy those?

Natalia: I buy them once a month. I guess its three times a week
they will eat them.

As a home care aid, Natalia needed to be at work at 7:00 a.m. in the morning, and her workdays typically ended at 5:00 p.m., at which point she needed to travel home by bus (while she had purchased a car, it broke down regularly). Natalie often left her home before the children were awake. The job offered no benefits, if she did not work, she did not get paid. In addition, if her supervisor scheduled her to work seven days a week, then it was expected that she would work seven days a week. As a home care aid, Natalia's duties included preparing meals for some of her clients, which is ironic since her hectic schedules often left her with no energy or time to prepare meals for her own family. Similarly, when Liberty started working again, she had to "rely on quick meals like soup and sandwiches, Beefaroni, and Dinty Moore stew" because she simply did not have time to cook meals at home.

Natalie, the college student in Baltimore, dropped out of school for a semester because a series of surgeries for her and her children meant that she would miss a lot of classes during the first half of the semester. Three months into her participation in the study, Natalie started her own hair braiding business out of her apartment, in the hallway between the kitchen and her bedroom. On the morning of our third interview, Natalie greeted me in her pajamas and rubbed her sleepy eyes. She explained to me that she finished braiding someone's hair at midnight the night before, woke up at 6:00 a.m. to prepare lunch for her children and fell asleep again after dropping them off at school. When asked about her hair braiding business, Natalie said:

“I stopped getting cash, and I am not going to recertify for food stamp. I started doing hair to make some money [...] it’s been more hectic. Last night I ended up doing somebody’s hair until midnight, it’s more hectic or whatever, but it’s more money, it beats getting cash from the government. [...] I can’t go back to school this semester though, I need the money, how am I supposed to do hair and homework at the same time? [...] We don’t eat together as much now because people come to get their hair done after work. We used to eat a lot of salads and I’d cook from scratch, now I just use the stuff from boxes mixed with some vegetables and meat.”

A related strategy that mothers could use is to purchase ready-to-eat foods from restaurants or supermarkets instead of cooking at home. However, food assistance recipients cannot use their benefits to purchase hot foods from prepared food counters at supermarkets and they cannot use them to buy food from restaurants. When mothers are short on time, they must use their own cash income, or welfare cash benefits if they receive them, to buy food away from home. When mothers work, they give up the time to prepare meals at home, and their food assistance benefits are often reduced to lower levels or taken away from them completely because their income is above the qualifying threshold. When mothers are stuck with both financial and time shortages, the low-cost food choices offer the best solution for low-income mothers. Current public discourse about the relationship between fast food consumption and high chronic disease rates among low-income populations focuses on the low cost of food and individual motivational factors such as the lack of cooking knowledge or even lack of desire to prepare meals at home. However, the dynamics of daily life as described in this chapter show that multiple factors work in concert and push low-income families to the fast food outlets, these factors are: dynamics of low-wage work, social policy failures, and

disconnected service offerings that make it difficult for low-income mothers to meet the responsibilities of home and work.

Dawn, a Latina in Boston was described by the ethnographer as an “upwardly mobile” single mother of three children. When Dawn first enrolled in the study in 1999, she stayed at home with her children and received \$398 a month in food stamp benefits. When Dawn returned to work, her income went up beyond welfare eligibility threshold and she immediately found herself in the position to have to reduce the amount and variety of food she purchased. In addition to a full-time job that had her out of the house by 7:30 a.m. and returned home after 5:00 p.m., Dawn also took night classes two nights a week, so she rarely had time to prepare weeknight dinners from scratch. Dawn found herself having to turn to her mother for help with putting food on the table and buying convenience foods from supermarkets, which she described in an interview:

Interviewer: So when you come home at night you fix dinner for them and you all sit down on the table.

Dawn: Yes, but I don't do dinner at night; I cannot fix dinner at night. I come home at 5:00p.m., except on Tuesday and Thursday when I have classes. Sometimes my mother brings us food that is already done, you know, she brings us a little rice and beans or something, and if we need vegetables then we just boiled them or whatever; but you know, twice or three times a week she brings us something done and twice a week we will make something and the other days we buy it. So you know, we cook twice a week here.

In Baltimore, Tiara talked about watching her mother or grandmother making meals from scratch – cleaning and cutting up big bunches of collard greens and making stews, etc. In her own words, “I know how to cook all that stuff,” but in practice, she did not. The dialog below helps to explain her knowledge-behavior mismatch.

Tiara: I probably buy more frozen foods. They [her mother and grandmother] probably did more fresh foods than I did. Um, I

probably would have to say canned and frozen. I do some fresh. I do a variety of stuff. But not like how they would probably make more fresh than canned or frozen stuff.

WTC: Okay. And why do you think that is?

Tiara: It's just easier for me. [chuckles] I don't really have a lot of time to cook. So, I need it to be done in like, kind of fast.

WTC: I see. Did your mother and your grandmother work?

Tiara: Um, no.

WTC: So they were able to spend time with cooking.

Tiara: Mhm, yeah. I don't have a lot of time, so I need it done fast. I don't have time to chop and all that other stuff.

In January 2013, when Tiara and I had our first interview, she was working as a cashier at a Burger King about two miles away from her home. Tiara worked mostly afternoon/evening shifts – between 5:00 p.m and 10:00 p.m, she had those shifts because she did not have childcare during the day, and her boyfriend could watch her daughter at night. Even though she lived only two miles away from work by car, she did not have a car and could only walk to work or take the bus. Bus was the preferred option because her most direct walking route to work involved crossing a highway off-ramp that was poorly lit at night (the next best walking option would involve walking through a city park, which added an extra mile each way). As a result, Tiara needed to leave the house at least two hour before her scheduled shift in order to arrive at work on time because the public transportation was unreliable. At the end of the day, a five-hour shift meant nine hours away from home.

Who has time for the dishes? Finally, using disposable plates and eating utensils was a common method that mothers used to cut down on the amount of time they spend on family foodwork. This was especially common in households that lacked a dishwasher or ample counter space for drying dishes. Disposable plates made from Styrofoam, plastic, or paper were inexpensive (sometimes costing as little as 100 plates for \$2.00),

they required no cleaning, and did not take up permanent storage in the cabinets that mothers used to store food items purchased in bulk during special sales. They did not break and therefore carried no risk of hurting the children should they eat without adult supervision. In Boston, an ethnographer observed CJ as she put sliced bagels and cream cheese on a paper plate for her children before sending them to a separate room to eat. In San Antonio, Yvonne described herself as “a paper plater” who bought and used paper plates because unlike real plates, paper plates did not “pile up on the cook” who would have to find the time to cook *and* clean up.

In Baltimore, the mothers who worked outside the home for pay regularly used “paper” (Styrofoam) plates to serve their children. Katie had a small kitchen with almost no visible counter space and very little cabinet space in the kitchen. Commanding one corner of her kitchen was a large gray trash can, the kind one would find at parks and sports stadiums. When asked about it, Katie mentioned that her father, who worked for the city maintaining recreational facilities, brought home “surplus supplies” such as the large trash can and the industrial-strength trash bags that went into the trash cans. During the photo elicitation interview, Katie showed me a picture of one of her children’s favorite meals – ‘home baked croissant rolls, grilled chicken with gravy and mashed potatoes (Figure I.)’ These “homemade” items were made from convenience foods: ready-made dough, mashed potato mix, gravy mix, and frozen, already grilled chicken breast, which go on to illustrate how the meaning of “homemade” changed with time scarcity.

Figure 3. Katie's semi-homemade dinner of mashed potatoes, grilled chicken with gravy and homemade croissant, served on a Styrofoam plate.



Below is how the conversation evolved:

WTC: And tell me about the mashed potatoes – is this the original flavor from the box?

Katie: Um, it's the butter, it's the creamy butter from, I think it was Betty Crocker, and I just added some bacon bits and cheese.

WTC: And how many different flavors are there?

Katie: Um, you have roasted garlic, you have chives and onions, you have the creamy butter, um...

WTC: Yeah. When did you first start using the Betty Crocker mashed potatoes?

Katie: Um, about a year or so about. I started doing that because making r -- uh, to actually cut and peel and bake potatoes took -- takes longer sometimes. So um, to me they taste just as good as the homemade mashed potatoes. So that's the -- pretty much the only one that I will buy. [...]

WTC: I've got a question for you: the plate here, is that a Styrofoam plate?

Katie: Yes, yes. I use um, paper plates a lot because it's more -- for me, for the kids, it's more convenient.

WTC: Uh-huh.

Katie: Just, "Hey, eat this. When you're finished, throw it away." It cuts down on dishes and stuff. Um, when volleyball is in, like I still coach at high school, so when we get in the house it is usually 7:30. So um, you know, if they have not finished their homework at the gym then it's, OK, homework, trying to eat, then who has time for dishes? So it kind of -- during volleyball season, I'm more -- time-oriented. So anything that is going to help cut down on the amount of time that I'm -- before they have to go to bed, I try to find different ways to cut back on the time.

WTC: And then you've kept it even though now the season is over.

Katie: Right.

WTC: Do you always buy the same plates?

Katie: Yes, I use the Hefty because they're thicker and they don't thin out as flimsy.

WTC: Yeah. So you probably don't like the paper plates that are actually made from paper.

Katie: No, they fall apart and, the kids hold them and then everything is on the floor. I tried that. [laughs] It wasn't nice.

WTC: Yeah, I can see that. And you don't have a dishwasher either, right?

Katie: No. Everything is done by hand.

WTC: Yeah, I can see how that might be a problem for you.

Katie: Yes, and that's why I have these giant trash cans and trash bags.

Similarly, Shawn, the single mother who works night shifts told me that she “regularly use paper plates and plastic forks and knives.” There simply was not enough time in Shawn’s busy life for her to create meals, wash the dishes, or even showing her children how to wash the dishes without worrying about the fact that they might break something and hurt themselves (an earlier dishwashing incident was what prompted Shawn to start using disposable plates). The dialogues with the mothers illustrate that when mothers are pressed for time, they are less likely to be concerned about diet quality as they try to fit every responsibility into their tightly packed 24 hours. In households where time is a scarce resource, eating is no longer an event of nourishment – it becomes an act of basic sustenance, which ended in the trash can with each disposable plate and utensil. In a way, the nourishment-centered food culture in very low-income households eroded with the loss of discretionary time.

How time scarcity contributes to the adultification of children. A common strategy that sample members in this study used was asking older children to bridge the time gap between work and meal provision. Children as young as four or five were seen

preparing food for themselves by opening cans and using microwaves; mothers described first or second graders preparing meals using the kitchen stove or ovens at high temperatures without adult supervision. These instances are evidence of adultification, which involve “contextual, social, and developmental processes in which youth are prematurely, and often inappropriately, exposed to adult knowledge and assume extensive adult roles and responsibilities within their family networks” (Burton 2007:329). Adultification can be understood as the “downward extension of adult responsibilities to children” that occurs in families in response to economic deprivation (Burton 2007).

Burton eloquently summarizes the necessity of adultification: “families experiencing economic hardship are required to both increase their production and reduce their consumption of market goods and services. They do this by increasing their members’ participation in the labor market, relying on family members to supply goods and services that might typically be purchased from the market (e.g., child care), and cutting back on the family’s spending. As a result, children in these families are more likely to be involved in household labor than their economically better-off peers. When parents put more hours into work to improve the family’s financial situation, the children must assume the responsibilities that the parents might have attended to if they were not working” (Burton 2007: 332). One quickly notices that in the excerpt above, the focus is still on the economic/financial pressures that force caregivers into enlisting their children’s labor. As I have discussed thus far, time scarcity is directly related to, but distinct from, the pressures of economic deprivation. In the remainder of this analysis, I will focus on how time scarcity leads to childhood adultification. The data documented

below illustrate how time scarcity-induced child adultification presents a challenge for healthy eating campaigns.

Earlier in this chapter, we learned that Benita would use quick foods to help bridge the gap between insufficient time and the need to satiate their children's hunger. As Benita's participation in the study continued, her schedules continued to evolve. At one point, Benita started working full-time at the YMCA, but her increased income made her no longer eligible for welfare cash benefits and decreased her food assistance benefits. As the study progressed, Benita returned to working part-time so she could tend to the mental health needs of her fifteen-year-old daughter who was recovering from the trauma of being raped by her father. Benita started to spend her waking hours shuttling between work, home, and the mental health hospital where her oldest daughter was. During this period, her ten-year-old daughter, Wanda, took over many caregiving responsibilities at home. As the ethnographer observed during an interview in 2002:

Michael (aged 4) came down again asking for noodles. He had interrupted frequently during the interview, running downstairs and begging me to come upstairs to see something. [...] Benita called Wanda over and told her to fix noodles for her brother. She prepared a package of Oodles of Noodles, listening intently during the rest of our interview in the kitchen. [...] She is probably the most adultified of the children. She has become a secondary caretaker, at one point telling Michael to go upstairs and play and she would take him to the store later if he behaved as she stirred the pot of noodles on the stove.

When Benita became more involved in the care of her oldest daughter, she had less and less time to meet her other children's needs at home. Since Benita had almost no adult social network in her life, Wanda became the only person who was able to help Benita. The cost of Benita's time scarcity was thus passed down Wanda. When Benita had the opportunity to prepare meals at home, she would try to produce wholesome meals from

scratch. However, when Wanda was in charge of the cooking, she usually prepared quick foods for her and her siblings using the oven and the microwave– frozen pizzas, noodles and hot dogs – without any direct adult supervision.

The children in this sample started helping themselves to foods around the house at an early age – sometimes as young as 18-months-old. The ethnographer following CJ in Boston regularly noted that CJ's daughters, aged 3 and 6, had free reign to everything in the kitchen and observed that they were always getting something for themselves to eat – bagels, cookies, tubs of cream cheese or sour cream. Yolanda's two-year-old son Eddie, was seen helping himself to the food items stored in lower kitchen cabinets (cereals) and the lower portions of the refrigerator (milk and juice). In San Antonio, Fiona's three-year-old son, Eric, was regularly seen rummaging through the kitchen and refrigerator looking for food.

As noted in the field notes, the mothers in the Three City Study rarely stopped their tasks at hand or even paused conversations to assist their children or stopping them from getting the foods they wanted out of the kitchen. As the ethnographers observed, children usually went for unhealthy snacks such as chips, cookies, donuts, soft drink, and candy; mothers were observed to let their children take anything except wrapped candy. While not limiting children's intake of unhealthy foods this way may be seen as permissive parenting practices that lead to poor eating habits and weight problems in children, the mothers seemed to view this as a part of their parenting strategy. In the low-income context, parents have little control over circumstances that can change their ability to supervise their children (for example, employment instability or health status). From personal experiences and experiences of those in their social networks, low-income

parents in disadvantaged communities need their children to be self-reliant early in life; at the minimum, the parents need the assurance that their children can feed themselves should the need arise. As I will soon illustrate, in many instances, mothers encouraged their children to take on caregiving responsibilities early.

Most instances of children's cooking took place when the mothers were at home taking a break from the pressures of making ends meet. Robyn is a single mother with three children from Chicago. When she was still receiving TANF benefits, she also served as the vice chair of the Chicago area Parent Policy Council for the Head Start program. Throughout her participation, Robyn worked in a variety of low-paying jobs on a part-time basis while trying to stay as involved in her children's school as possible by volunteering at school events. Robyn's monthly income totaled approximately \$1,000, while her expenses added up to \$1,360 a month. She made ends meet by making sure that she made every social service appointment so that she would continue to receive welfare and nutrition assistance benefits. Her youngest child, Kali was four when she entered the study, and below is a description of Kali's typical day routine during the summer when she was six-years-old:

On a typical weekday, Kali sleeps until 7:30 or 8. After she wakes her brother up they watch TV and then she wake up Robyn. Kali eats breakfast and gets dressed by herself before waking up Robyn. She eats whatever she feels like having in the kitchen -- Coco Puffs, Frosted Flakes or toast. [...] Later, she gets hungry again and goes to the kitchen to fix herself something to eat. She likes to make grilled cheese sandwiches in the microwave, which she can do herself.

Rachel's three-year-old daughter Charlotte was able to use the microwave to heat up food if she was hungry. She knew to push the "frozen plate button to heat up freezer Hot

Pocket” sandwiches whenever she wanted one. Charlotte regularly helped Rachel clean up after meals. Sometimes, Charlotte also assisted with food preparation.

Similarly, Maxine in San Antonio allowed her children make their own decisions about what to eat for breakfast.

“Sometimes I decide what to get them, but they ask for what they want the majority of times. [...] They go into the icebox and get what they want...The oldest one (two years old), he'll open the refrigerator, and he'll go in there and get milk or juice or fruit or something.”

This kind of practice was necessary for Maxine because whenever she worked, she needed to spend up to four hours a day commuting on public transit between home, daycare, and work. She was not working at the time the interview took place, Maxine used that time as an opportunity to teach her children to be more independent so they can meet their own food needs once she started working again.

Similarly, Natalia tried to teach her children how to cook at an early age, as summarized by the interview excerpt below:

Interviewer: Do they know how to use the stove and all that?

Natalia: Yeah. I've taught them how to cook little by little. Mainly they know how to make their own eggs. They make their own eggs for themselves. Iris (12 years old) does a lot of stuff because we don't usually don't use the [stove] top because I'm a diabetic. So we do a lot cooking in the oven. We boil it, or use the oven to bake it.

Interviewer: Sometimes they'll cook for you, too?

Natalia: Yeah. [At this point, Iris brought Natalia a fried Spam sandwich and a glass of water].

Iris: When my Mom lets me. Usually I cook eggs, the easy stuff, not the hard stuff, which I don't like cooking meat on the thing [stove]. When it pops, the oil, it pops on feet and everything. I like cooking smashed beans. Like I'm learning how to cook sausage. My sister says, 'You do not know how to cook.' She don't like me cooking, because she thinks I'm going to burn the house down. I don't. I say I ain't the one always burning the food. At least I watch the food. At least I watch the food. I already

know how to put the meat in the oven and everything, I'm already learning how to turn it and everything to make sure it's done. My Mom's teaching that.

In Chicago, Estrella's oldest daughter Lisabeth (aged 7) regularly cared for her siblings. Estrella's husband did what he could to provide support to Estrella, but he too worked a low-wage job and often did not come home until 8:00 p.m. As stated in the field notes:

[Lisabeth] goes to school in the community. Estrella either takes her to school or her daughter walks by herself or with a friend. She is at school by 8:30 so she can eat breakfast at school. She has her own keys to the house and is "a big girl" and "knows how to take care of herself." Estrella is not always home when her daughter gets out of school so the daughter has her own keys to let herself in. At 7, Lisabeth pretty much cares for herself. And on top of that seems to have to help her mother care for the other children. Though she does not strike me as "older than her age," but in fact somewhat under developed for her age.

During one of the interviews, the ethnographer asked about Lisabeth's involvement in family foodwork:

Estrella: If they want something, that's when they would uh, tell me. And uh I'll get up and do it. But sometimes she'll put in, if it's something easy, that she know can put in the microwave, she'll put it in the microwave. It depends, if they know I'm sick, they won't try to bother me. The last time I was away, she was doing rice, with the chicken, she was kind of scared that it will jump and burn her. But I have to try to, get her strong, so she can do it [whenever I am not here]

As the children become comfortable with the idea of preparing food for themselves, they begin to take the initiative of meeting their own food needs without help from their caregivers. Below is an excerpt of an interview with Nora, a single mother to three children who regularly rotated through different low-wage jobs working second shifts such as 4:00 p.m.– 9:00 p.m., or graveyard shifts from 10:00 p.m. until 6:00 a.m. On

weekends, Nora wanted and needed to get as much rest as possible. As explained in the interview below, her oldest daughter Marcia (aged 7) stepped in to provide much needed help at home:

I get up whenever the girls wake me up. And usually the oldest one will get up and she's watching the other ones. I'll probably end up going back to sleep on Saturdays...sleep a little longer, and if they're doing something really wrong, Marcia can wake me up. When I get up...I'll make them breakfast. There ain't no set time of when... it's whenever I finally get up. Because usually Marcia gets them a snack [if they are hungry]. She knows how to do peanut butter and jelly sandwiches, so she'll make her and her sisters PB and Js or cereals until I get up. And whenever I get up, that's when everybody eats lunch or a real good breakfast. We only eat like two meals a day on Saturday, and it's a big breakfast...waffles, toast."

Mothers' need to ensure that their children can prepare food for themselves also spilled over into their food purchasing plans. Mothers were seen actively selecting items that their children could prepare without much adult supervision. For example, here is what Yvonne said about food shopping:

"Mostly I'll just get something he'll eat. I don't think about myself, and I'm like, 'well, this is what he likes, and I'll get it for him. He knows where the refrigerator's at, and if I'm asleep and I haven't woken up yet, he's smart enough that he knows what's in there, what to open, what not to open. I pretty much buy plastic, so it won't break on him [ketchup, mustard, mayonnaise]. I wish they would sell plastic pickle jars."

In addition, the ethnographer noted:

She buys a lot of small cartons of milk so that Carlos can open them and pour them easily. She doesn't trust a babysitter will feed him, so she fills his cups with juice or milk and puts them in the refrigerator when she has a sitter.

Yvonne constantly struggled with her finances throughout her participation in the study – she received on average \$200 a month in food assistance benefits, worked in low-paying

jobs, and participated in experimental studies to bring home extra cash. To stretch her food budget, Yvonne bought the cheapest food possible, which often meant highly processed convenience foods. Buying many smaller cartons of milk cost more for Yvonne than buying just one or two large containers of milk but Yvonne needed to do that so her son would have something to eat when he is with the babysitter (since Yvonne believed that her babysitter would not feed Carlos even when he expressed hunger). Yvonne had to reduce her spending in other places – considering personal hygiene and cleaning supplies as non-essential “extra” expenses in her life, or even resorting to stealing small quantities of detergent from her own mother.

Figure 4. Smucker's Strawberry Jam, 11.4 Cents per Oz



Figure 5. Walmart's Great Value Strawberry Jam, 9.1 Cents per Oz



Children's food needs also factor into how mothers defined the cost of food in unexpected ways. When I went grocery shopping with Natalie, she explained the cost of strawberry jam to me. When asked why she purchase the more expensive strawberry jam (Smucker's 20-Oz squeeze bottle) rather than the cheaper generic jam (32-Oz jar). Natalie kept referring to the Smucker's jam as the cheaper brand, and I eventually had to

ask Natalie to explain why it was cheaper because the per-unit price was clearly higher than the generic brand. Her response really highlighted how the cost of time scarcity is distributed in different ways:

“Well, sometimes when I am doing people’s hair or whatever, I don’t have time to stop and make sandwiches for them. With the Smucker’s squeeze bottle, they can just make their own peanut butter and jelly sandwiches and I don’t need to worry about them dropping and breaking the glass bottle. So it might look more expensive to you but it’s actually cheaper to me.”

Conclusion

Using qualitative data from two studies examining family life in low-income contexts, I have outlined several ways that time scarcity induced by economic activities shapes the way low-income caregivers carry out household foodwork and make family food decisions. By highlighting how time factors into the planning and making of household food decisions, I have also shown how social inequality contributes to unequal health outcomes in pervasive and often invisible ways.

The most significant cause of time scarcity, as previously identified by others, is the overlap between low-income parents’ work schedule and the widely accepted 9:00 a.m. to 5:00p.m. public timetable. Low-income parents often begin and end their workdays beyond the 9 to 5 public timetable, yet they still need to ensure that they and their children are able to participate in activities and services such as schooling, medical, and social services appointments that operate solely on the public timetable (Roy et al. 2004; Coleman-Jensen 2011). The hours of these public services do not match the needs of the parents that need them but do not have flexibility in work schedule. Compounding the challenge of the scheduling overlap is that low-income caregivers without their own vehicles spend many waking hours shuttling between places on public transportation. As

we saw in the Tiara's case from earlier, walking to and from places is an option, but it is not always the safest option for low-income parents.

While time-poor high-income parents are able to save food preparation and cleaning time by purchasing prepared food or going out to restaurants; time-poor low-income caregivers can only afford to purchase the lowest quality goods and services in the market place or look for time-saving strategies within their personal networks, outside the marketplace. Often, low-income parents have to combine multiple forms of less than ideal solutions, such as purchasing the cheapest and highly processed convenience foods that their young children are able to prepare without adult supervision.

Nutrition intervention programs typically target the female primary caregiver because it is understood that women are still responsible for the majority of household food decisions (Smith et al. 2012). While this may be true in households where there is a clearly established primary caregiver, the reality for the majority of low-income, SNAP-receiving female-headed household, the primary caregivers have to find others, including children, to help them with caregiving responsibilities. According to analysis by the Center on Budget Policies and Priorities, more than 60 percent of the able-bodied, working age adults in SNAP-receiving households work while receiving benefits, and almost 90 percent of those worked in the prior or subsequent year (Rosenbaum n.d.). For these caregivers, their obligations outside the home prevent them from carrying out family feeding responsibilities in ways that are recommended by experts, which also means that the current TFP level fail to fully serve their needs. When food assistance benefit levels fail to meet mothers' needs, many more mothers end up cutting down on their own food intake to ensure that there is enough food for their children.

Important policy implications are derived from these findings. The first concerns the determination of SNAP benefit level. Like others who have studied the relationship between food assistance benefit levels and household food provision (e.g. Breen et al. 2011; Rose 2007; Davis and You 2006), my findings suggest that SNAP benefit levels need to be increased to reflect the real cost of food in low-income communities. The new cost calculation would take into consideration the real monetary and time cost of food acquisition, preparation, and even post-meal cleaning. Like hunger and poverty researchers have argued in the past, rather than basing maximum food assistance benefit levels on the TFP, policymakers should consider using the Low-Cost Food Plan as the basis for maximum benefit allocation. The Low-Cost Food Plan budget is approximately 30 percent higher than the average SNAP budget, which more accurately reflects how much households spend on food. Additionally, the Low-Cost Food Plan includes a more varied selection of foods that encourages a more healthful and balanced diet. In this chapter, I have outlined how time as a non-monetary resource shapes household food practices, highlighting the fact that the lack of money is not the only explanation for poor diet. What I hope to have accomplished is pointing out that low-income mothers must balance both monetary and non-monetary resources to produce family meals, that these two types of resources offset each other. If we replace the TFP with the Low-Cost Food Plan as the basis of SNAP benefit levels, policymakers improve that probability for low-income families to include more healthful food items in their diet and reduce the risk of food insecurity.

Mothers' descriptions of their shopping patterns highlight a dilemma for the current policy push to eradicate food desserts by opening new, full-service supermarkets

in previously underserved communities. Shopping at multiple stores, including those far away from their homes, is a strategy that mothers use to ensure that they have the highest quality of food at the lowest possible price. The belief that the food dessert problem would be eradicated with the opening of just one new store attempts to use the solution known for middle class shoppers and attempt to apply it to low-income shoppers who have different and real concerns. As I interviewed mothers in Baltimore, I asked them to describe their ideal grocery store to me. Katie's answer succinctly sums up the impossibility of designing the perfect store that suits the needs of consumers on a tight budget:

“Well, I'd want the freshness and price of the farmers' market when produce is in season. I'd want the price at Aldi's and the selection you get at Food King on [X] street. But the place has to be clean, not like the ghetto markets where things rot...”

And Reina said she would:

“[make] all the cheap prices at one store so I don't have to run around and be crazy. Because I really feel for some of the parents in the neighborhood who don't have a car, don't have that advantage. But you know, how long is that [cheap price] going to last? You know what I mean? And even some of the cheaper markets, they're alright but they may not have a huge selection, you know what I'm saying. If you can shop around, you will shop around.”

Reina's response to the question highlights the tension between idealized notions of need (higher quality foods at affordable prices in one place) and actual preference (getting the best deal by going to different stores). Her response also has hints of skepticism about whether a low-cost market is really going to be low-cost forever. While not all mothers articulated their distrust in store owners' motivations quite as succinctly as Reina, almost all of the mothers talked about going outside their neighborhoods to get better quality

food items at lower prices. When mothers are constantly struggling for money and time, they will always try to find ways to save both, not just one or the other, by ‘hustling’ between places. Again this kind of practice is not unique to low-income mothers, more affluent shoppers also talk about shopping around places trying to find the best deals (Koch 2013); but the consequences are very different for low-income mothers whose financial and time poverty means that they are forced to work with a limited food choice set that are full of unhealthy choices. This purchasing behavior needs to be taken into consideration in the design of programs aim to reduce the food dessert problem.

My analysis in this chapter also debunks, to a degree, the popular myth that low-income caregivers lack the knowledge and skills to prepare wholesome meals for their children at home, which is why they rely on processed, convenience, or prepared foods to feed their families. I find that mothers prepare meals from scratch at home when they have the time, ingredients and equipment to do so. However, for the most part, low-income parents have to prioritize their food choices against pressing time and monetary shortages. Thus, my findings suggest that we view the suboptimal market solutions in the forms of convenience foods as the results of institutional arrangement failures (the public/private timetable mismatch, insufficient food assistance benefits to cover the real cost of food), and limited resources within personal social networks (not being able to find reliable support from family networks) rather than viewing them as individual flaws.

The discussion on childhood adultification highlight the fact that nutrition intervention programs must take family dynamics into consideration if they are truly interested in improving the diet and health of low-income children. Low-income mothers carry out family caring responsibilities with few resources at their disposal and many

constraints beyond their control. When pressed for time, mothers expect their children to become self-sufficient at an early age, particular in the realm of food. In this light, mothers are no longer strict nutritional gatekeepers in practice; they are best viewed as couriers standing between children and a powerful market full of foods designed for convenience. Nutrition education programs targeting low-income mothers should also consider including children's participation in the training events.

For the most part, policy and private philanthropy interested in improving the diet quality of low-income people still primarily focus on the financial question – do people have enough money to buy healthy food? However, as the analysis in this chapter shows, we must broaden our understanding of access to healthy food by thinking about how time factors into the equation. This will broaden the way we think about how social inequality shapes one's life chances. If public transportation systems are better coordinated, then low-income parents may spend less time traveling¹⁴ between places and have more time to spend on food preparation at home. If mothers can purchase more healthy prepared foods that their children can prepare on their own, then perhaps mothers and the general public will be less concerned about the diet quality of low-income children. To address

¹⁴ Interestingly, even though traveling on foot would likely save sample members travel time, very few mothers relied walking as their main form of transportation, particularly when it came to food shopping. If people could avoid walking to stores, they did. Most mothers' food procurement practices were not compatible with shopping on foot. The majority of sample members did not live close enough to supermarkets that would make it practical for them to shop more than once a week, which means that their grocery trips often ended with large quantities of food (for example, Beatrice talked about coming out of the grocery store with two full shopping carts each time). Given that mothers often went for sales items which are presented as "buy one get one free" or other sales practices that encourage bulk purchasing, the mothers would not be able to carry the food home on foot. Furthermore, some sample members avoid walking around their neighborhood as much as possible for safety concerns. Given that the majority of sample members relied on public transportation, I decided to focus my discussion on public transit over other means of transportation.

these issues, we must look into amending laws that protect the interest of low-wage workers and update the food items eligible to be purchased with SNAP benefits.¹⁵

¹⁵ Former USDA secretary Earl Butz stated the following to documentary filmmakers who questioned him on the wisdom behind the overabundance of cheap food in America

“Well it's the basis of our affluence now, the fact that we spend less on food. It's America's best-kept secret. We feed ourselves with approximately 16 or 17% of our take home pay. That's marvelous, that's a very small chunk to feed ourselves. [...] I don't see much room for improvement there, which means we'll spend our surplus cash on something else” (Woolf 2007).

What Butz does not fully acknowledge in this quote is the fact that a large number of Americans cannot make ends meet based on their take home pay, and that the cheap food policy works because a group of workers cannot survive without inexpensive food. The inequality produced by these policies is also creating health disparities in the country.

Chapter 6: Conclusion

The purpose of this qualitative dissertation is to develop a nuanced understanding of how low-income mothers understand and approach family feeding. It accomplishes its purpose by examining low-income mothers' accounts of family foodwork. The accounts are more than descriptions of day-to-day family feeding events and procedures, they provide rich contextual information that explain why mothers do things in one particularly way or another. Mothers' accounts of foodwork reflect the interactions between individual agency and structural limitations such as poverty and inequality. What I sought to do in this dissertation was to investigate poverty and social inequality as experiential processes that shape health behaviors and health outcomes in a myriad ways.

The following findings from this dissertation broaden our understanding of how social inequality, in addition to financial poverty, produces health disparities throughout the life course. First, while low-income mothers are generally aware of the eating for health ideology, social consumption expectations play an important role in shaping their food choices. Second, childhood family experiences have lasting effects on family food practices across several generations; the negative consequences of abuse during childhood also find their way into how mothers monitor family nutrition. Third, time scarcity is an important yet often neglected issue in current discussions about diet and health disparities. Fourth, mothers' narrative of their food procurement practices reveal that the notion of "food desert" does not fully capture the complexity of food access challenges in low-income communities. The contributions and implications of these findings will be discussed in greater depth in this chapter.

The research process began with two basic assumptions: first, mothers of all socioeconomic standing generally share the goal of raising healthy children, and an aspect of achieving that goal is to provide their children with a healthy diet. Second, money matters a great deal in family feeding and how a caregiver acquires the money must be taken into consideration when one studies her foodwork and feeding practices. These assumptions take me beyond examining food acquisition in grocery stores, which is a typical starting point of past research on family foodwork.

The food budget of most families comes from income earned through employment, and it is private property that the parents are free to allocate in whichever manner they desire. It is often taken for granted that the money will be available as long as employment is available (though the recent economic recession may have altered this view). Low-income parents, on the other hand, need to turn to government programs to supplement their household food budget from earned income. Before low-income mothers can buy food for their children to consume at home, they must first disclose their financial assets with social service agencies, making their private property subject to public monitoring; the process is repeated every three to six months. Respondents in this study refer to earned income as “*my money*”, and food assistance benefits as “stamps” or “help”, recognizing that this vital resource does not belong to them and could be taken away without notice. Furthermore, applying for food assistance benefits is regularly described as making the applicants feel undignified, worthless, and agitated. With these background assumptions, three general research questions guided the research process. First, what does the food acquisition process (including applying for benefits) look like for the mothers in this sample? Second, how does having to navigating a complex web of

economic, social, and environmental institutions in order to put food on the table shape the way low-income mothers think about food and engage in family feeding? Third, how do low-income mothers describe their maternal identity and sense of self under impoverished conditions?

In the data and methods chapter (Chapter 2), I described in detail the data sources and different stages of coding and synthesis. Starting with mothers' descriptions of typical foodwork outcomes, I moved my focus upstream to understand their rationale for feeding their children and family members in the way they describe. Mothers' descriptions of foodwork outcomes fall somewhere on a spectrum between eating for satiation and eating for health, though their actual practices varied greatly.

Three chapters make up the substantive part of this dissertation. The first describes how the experience of applying for food assistance benefits and inability to meet social and cultural consumption expectations make mothers feel undignified and disempowered. It proceeds to explore mothers' response to the sense of dignity erosion – by cultivating a sense of empowerment from family feeding and food preparation in general. The next chapter explores how family experiences during childhood inform women's child food monitoring practices after they have entered into a mothering role. I focus on two subsamples: those that experienced high degrees of family instability and those who were abused as children, and link these adverse childhood experiences to their adulthood food practices. The final analysis chapter examines how time scarcity brought on by economic activities (jobs and interactions with social services agencies that approve government assistance benefits) outside the home, combined with low levels of food assistance benefits, lead mothers to use more convenience foods, which are

generally considered less healthy than food prepared from unprocessed ingredients. The chapter on time scarcity also examines the strategies mothers use to bridge time gaps at home, and discuss the dietary consequences of these strategies. Below I summarize the overall findings from this dissertation in more depth.

Summary of Findings and Scholarly Contributions

Lending support to the theory of fundamental causes. On the whole, this dissertation lends support to the theory of fundamental causes (Link and Phelan 1995; Phelan et al. 2010) which proposes social inequality to be the fundamental cause of diseases (along with unhealthy health behaviors). Financial poverty by itself does not necessary produce poor eating habits or lead to the development of chronic disease, as I found that many of the low-income mothers in this sample are able to maintain balanced diet and good health. However, social inequality hurts the life chances through ways other than poverty, and it is found in every aspect of daily life for the low-income mothers in this study. This dissertation reminds us that financial poverty is just one aspect of social inequality, if we wish to improve the health behaviors of low-income people (such as encouraging them to consume more fresh fruits and vegetables), we need to do more than giving them financial incentives for healthy foods.

In this study, the cultural and social expectations of consumption make the act of food purchasing a mechanism through which social inequality produces poor health outcomes. Lamont (2001) found that disadvantaged black men talk about how the possession of culturally valued items (houses, cars, appliances) makes them no different from white men of equal class standing, even though historically, white men enjoy far

more privileges as members of society than black men. The mothers in my study make a similar point about the foods they purchase. As described in Chapter III, financial poverty forces low-income mothers to apply for food assistance benefits and the process leaves them feeling undignified and disempowered. In the words of Shawn, a mother from Baltimore, employees at social services agencies never fail to make her feel “worthless” by the end of her appointment. Through consumption, mothers buy their way back into feeling like a dignified members of society. In the era of intensive mothering, consumption has been equated with care – especially if mothers buy the goods that the children highly desire. Since mothers in the sample cannot afford to regularly buy expensive toys or clothing for their children, they focus on purchasing a lot of foods that their children desire, often, these are snacks laden with fat, salt, and sugar. The mothers, who otherwise talk about their interest in healthy eating, account for the presence of unhealthy items at home by framing them as a normal part of every household, how every child *deserves* a treat when they want it. While high-income women might be able to afford more expensive and healthier treats (and therefore cultivate their children’s taste for such things), low-income mothers stick close to the highly processed but affordable items to keep their children’s childhood “normal.”

While this may not seem obvious at first, poverty also leads to unhealthy eating habits because it is correlated with family instability. We develop food preferences and eating patterns through repeated exposure, such as eating with the same meal partners, following the same household food norms and practices, and be exposed to a wide variety of foods early in life (Devine 2005). As we age and become responsible for our own food needs, we rely on these earlier memories and refer to them as we attempt to provide food

for ourselves and those in our care. Food security research has found that low-income people eat a more limited diet with less variety in the foods eaten (Coleman-Jensen et al. n.d.). As I find in my sample, mothers who grew up in unstable families – changing caregivers, shifting family memberships, moving from household to household – rarely had the opportunity to develop consistent eating patterns or learn about sound nutrition from observing the adults taking care of them. For the most part, their temporary caregivers cared more the immediate effect of staving off hunger in children rather than thinking about the long-term consequences of food provision. When these girls become caregivers, they lack the reference points that girls in stable families developed, and engage in more unhealthy and unstable eating habits as well. Poverty puts great strains on family structure and well-being, and as I describe here, it also has long-lasting consequences on health behaviors.

Adverse childhood experiences matter. I also discover that adverse childhood experiences have long-reaching effects on one's food habits. The subsample of mothers in this study who had experienced or witnessed physical, sexual, and verbal abuse during their childhood have more erratic eating habits than those who had fewer adverse childhood experiences. Family instability, lack of family routines and the psychological effects of the trauma all contribute to the development of poor eating habits later in life. The accumulated exposure to abuse leads to the development of toxic stress, “a prolonged activation of the body's stress-response systems which, in addition to interfering with organ system functions, can disrupt brain architecture” (Shonkoff, Boyce, and McEwen 2009; Chilton and Rabinowich 2012). While abuses happen across all socioeconomic strata, a family with ample resources might be able to seek psychological services that

help children to cope with the negative effects of abuse. Or that a child in a stable family environment can develop caring relationships with adults in her family's social network that somewhat compensate for her adverse experiences. In the cases of the mothers in this study, however, they exposure to adverse experience compounded with time. Early childhood abuse leads to early departure from the parental home, teenage childbearing, long-term poverty, and even domestic abuse. One of the consequences of these stresses is the lack of long-term outlook. The pay offs of good eating habits usually come later in life. This subsample of mothers experience shortened life stages, which may have contributed to their focus on eating for immediate satisfaction than long-term health. Through examining the experiences of a subsample of women who had particularly challenging childhoods, we come to see how the fundamental causality theory and the life course perspective work together to explain the development of poor eating habits.

Time scarcity matters a great deal to foodwork practices. The importance of time as a household resources is underappreciated in much of current research on the relationship between poverty and dietary behaviors. The problem of time scarcity is well-known to single mothers have to juggle employment, lengthy social service appointments, and family responsibilities. The data reveal that cooking and shopping for food when one lives in a low-income community without a supermarket take up a lot more time than estimated by traditional time use surveys. But the data also point to issues greater than mothers not having enough time in the day – the public timetable is organized in such a way that low-income mothers' schedules do not properly align with the schedules of the services that they need and even depend on (Roy et al. 2004). Mothers live on the divide between private home life and public economic life; through

mothers, activities outside the home directly influence the events taking place in the home. Juggling multiple roles (mother vs. worker) that operate on different timetables (public time versus private time) can be mentally and physically taxing, which in turn reduce mothers' capacity to meet family food needs in a way that promotes health.

Time scarcity manifests itself in multiple ways: actually not having enough time to do everything that needs to be done, not being in control of one's schedule, and the anxiety-generating feeling of not having enough time; all of these force mothers to make adjustments to their foodwork routines. The lack of time and lack of control over social service appointments are two of the reasons mothers cited for declining food assistance benefits. This decision means that mothers have to find other ways to stretch their food budget, such as going to food pantries or buying cheaper food items to make food last. Unpredictable work schedules, a standard feature in low-wage work means that mothers have to find ways to cut down the number of grocery shopping trips and the amount of time they spend on food preparation. In both cases, mothers end up buying more convenience foods than they would do if they had more non-work time at home.

Some mothers are able to avoid time scarcity by enlisting the support of members of their social network – a husband, boyfriend, mother, or a relative sharing the same residence. When mothers can consistently rely on adult members of their social network to contribute to family foodwork, their family diet is usually not as affected by time scarcity. However, some mothers cannot find such reliable support from adult household members and they turn to their children to participate in the household production process. In this study, children as young as a year and half are given the responsibilities of feeding themselves (such as Carlos in San Antonio whose mother specifically buys

him small, easy to open cartons of milk). In most cases, mothers stock up on canned soups, frozen dinners, and cases of instant noodles that their children can easily prepare for themselves without turning on the stove or ovens. While these adaptations do not necessarily help mothers with budgeting or improve diet quality, they are evidence of women being resourceful in meeting children's needs.

Foodwork as form of empowerment. On a more positive note, I found that low-income mothers in the study were just as interested in using food to express themselves and to entertain as the middle class women interviewed by DeVault's (1991). However, their focus is far less on style and presentation of their distinct cultural status. They derive a sense of pride from proving to themselves, as well as those monitoring their parenting practices, that they are good, reliable providers to their children.

Food provision empowers women because it is an opportunity for them to teach their children an important life skill and share family traditions with the next generation. Non-white mothers in this sample also frequently spoke about their desire pass down cultural traditions to their children, thus ensuring that their children are aware of their unique ethnic heritage. This is especially common among mothers who migrated from Latin and Central Americas. Through these family meals, a mother maintains the ties between their homeland and their adopted home. This is a powerful idea that motivates the mothers who experience hardships such as poor working conditions, discriminations, and inability to communicate in English.

Reflecting on his observations of the daily life of enslaved workers on Caribbean sugar plantations, Mintz writes:

“Dealing with food was dealing in freedom at many levels...
working in the distribution of food legitimized freedom of

movement; working in the processing of food legitimized the perfection of skills that would become more important with freedom; and working in the emergence of cuisine legitimized status distinctions within slavery, because the master class became dependent upon its cooks because the cooks actually invented a cuisine that the masters could vaunt, but could themselves duplicate” (Mintz 1996: 47-48).

The sentiment among the slaves that Mintz observed are echoed in the narratives I analyzed for this dissertation. While the mothers in this study sample are not enslaved, their perceived reality is that they have little in the way of material possession, power, and control over their destiny. In this context, no matter how meager or unhealthy their foodwork outcomes are, at least they can make the claim that it is something they produced for themselves and those in their care.

Methodological contributions. As discussed in Chapter II, this dissertation joins a small but growing body of qualitative works that are based on secondary qualitative data. A novel design feature of this study is that it combines secondary qualitative data with original qualitative data. The resulting data set is larger and richer than any single researcher can hope to collect for a dissertation project. As the same themes emerged in both data sources, the fact that the data sources were collected ten year apart improves my confidence in the validity of the findings. This is particularly useful for a study that assesses the enduring effects of social inequality on health disparity and people’s life chances. As computing technology continues to improve and make large scale qualitative data accessible to novice researchers, such approach may become more common with time. I hope my study can serve as an example that make good use of available technology and data sources.

Informing Future Research

Because this study is based on a small and non-random sample, I do not expect the finding to apply to all low-income mothers in the United States. However, what I hope to have successfully done is to describe and make other researchers aware of just how complex the food decision-making process is, and how deeply and broadly social inequality affect dietary behavior, and for that matter, other health behaviors as well. At the minimum, I hope my findings would inspire quantitative researchers to take more of the factors I discussed into consideration when developing statistical models that predict health behaviors and health outcomes.

While this study does not lend itself to assess the effectiveness of nutrition education on people's food behaviors per se, the findings may inform evaluation research of emerging novel nutrition education programs. For example, New York State has implemented a nutrition education program with integrated parenting education modules to provide parents with the nutrition education and positive parenting strategies. The early evaluation study (Dickin, Hill, and Dollahite 2014) finds little change in nutritional knowledge, implying that parents were already familiar with many of the nutritional messages, but it finds significant improvement in many of the food intake categories, suggesting that perhaps the parenting modules helped to reinforce the nutritional behaviors. It would be informative to follow the behaviors of children whose parents have gone through such programs to find out if they produce positive long-term effects.

Practice Recommendations

One practical challenge for any research that reports social inequality as the root cause of social or physical ills is this: it is incredibly difficult to improve social

inequality. What I have identified in this research, however, are instances where the negative effects of social inequality are felt especially acutely by disadvantaged groups that ultimately hurt the life chances of low-income families. Some of these instances can be improved with relatively little effort. For example, the process of applying for food assistance benefits can be simplified to reduce mothers' interactions with social service agencies and the staff with whom there seems to be a perpetual antagonistic relationship. A streamlined benefit application system reduces the time and dignity cost for low-income mothers and may encourage more of them to sign up for the benefits they are eligible for and that their children need.

Related to the point above is the need to sensitize anti-hunger advocates to low-income women's negative experiences with staff at social service agencies. Anti-hunger advocates have been successful at encourage low-income people to register for food assistance benefits, but they may not know that people are mistreated by agency staff or feel disempowered by the process. Perhaps more can be done to inform low-income people of their rights and responsibilities before they begin the process of applying for benefits so that they are well-prepared to advocate for themselves should they experience difficulties with agency staff.

Findings from this dissertation suggest that it may be worthwhile to educate health and nutrition professionals about the link between adverse childhood experiences and food-related behaviors. Community health educators may be in the best position to refer mothers to mental health support services.

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Appendix A. Baltimore Foodwork Study Interview Guide

A. Personal Information

1. How would you describe your racial/ethnic background?
2. What is your marital or relationship status?
3. What is your highest education level? Or, how much schooling have you completed?
 Prompt: If respondent went to trade/ vocational school, ask for specifics about the trade and if she worked in what she was trained to do.
4. Have you always lived in Baltimore?
 - a. If not, when did you move here? From where?
5. What about in this neighborhood?
 - a. How long have you lived in this house/apt?
6. How many people live in this house/apartment with you?
 - a. Are they all related to you?
 - b. How old are the children in this house?
 - c. Do you sometimes have family members or friends who stay with you for short periods of time?
 - d. Are you the head of this household?
7. How do you usually get around town?
 - a. How do you get around town and do grocery shopping?
 - b. If you get rides from other people, who are they and how reliable are they?
 - c. If using public transportation, ask about reliability of available options.

B. Life History

I would like to ask you some questions about your experience with food throughout your life.

1. Where did you live during your childhood?
2. What kind of food did you eat while growing up?
 Prompts: What were some of your favorite meals that you remember?
3. Who did most of the food shopping and cooking when you were growing up?
 - a. Did that person teach you how to cook?
4. Were your mother/grandmother/other caregiver strict about your eating habits?
5. Can you name one or two significant memories related to food?
6. Do you prepare food in similar ways as when you were growing up?
 - a. If not, what is different about the way you cook/eat now?
 - b. Why do you think you prepare food differently now?
7. When did you first become responsible for cooking and shopping for yourself and others?
 - a. Do you remember the first time you had to buy food for yourself and cook for yourself? What was it like?
8. Does your own health affect the way you prepare food for people in your family?
 - a. If yes - can you explain in more detail?
9. When you were growing up, where did your family shop for food?

- a. If hinted, ask for specific about: federal food assistance programs, emergency food assistance programs, and farmer-consumer direct links (link back to questions about farmers' markets if necessary)

C. Household Economy

1. Now I would like to ask you a few questions about your employment experience and household finances, which, as you know, greatly affect how people shop for food.
 - a. Are you working for pay now and what do you do?
 - b. How many hours a week do you work? What type hours do you have?
 - i. Ask for time at each job if holding multiple jobs
 - c. How long have you had the job(s)?
 - d. How does your work affect the way you eat or prepare food for your family?
If not working, ask about last job and how long the participant has been out of work.
2. What is your total monthly household income at the moment? Estimate is fine.
 - a. What are your current sources of income?
 - b. Are you the only earner in the house?
 - c. If not, who else contributes to your household income? How much do you get from X each month (ask if a specific amount goes towards food budget)
3. Are you receiving public assistance at the moment such as welfare, food stamp, WIC, SSI, Social Security, Veteran's benefits, etc?
 - a. Can you break down the types of benefits for me by describing how much \$\$ you are receiving from each?
 - b. How long have you been receiving these benefits?
4. **For WIC/SNAP recipients.**
 - a. When do you get your benefits each month?
 - b. When did they start receiving benefits? Has the amount changed at all over time?
 Related questions: Has the process changed over time? Have you had to reapply for benefits? Etc. Are there restrictions on what you can/can't purchase with the benefits and how does that impact them and their budget?
5. What are your biggest expenses each month?
 - a. Are you getting enough money from the programs to get by each month?
 - b. Sometimes people have trouble paying off their bills and covering all necessary expenses every month. Have you recently had trouble with your expenses? What did you do when that happened?
6. Do you use a budget to help you plan expenses? Can you briefly describe it to me?

D. Household foodwork routines

Now I would like to ask you a few questions about your regular household foodwork routines. On a typical weekday:

1. Who does the shopping, cooking, setting the table and cleaning up after eating in your house?
2. Have you (and/or another person) always done [the tasks from the question above]?
 - a. Why do you do carry out these tasks?
 - b. Do your children/spouse/roommate help you?
 - c. In general, how do you feel about the work of shopping, cooking, cleaning up after eating?
 - i. If you don't like them, do you find ways to get around doing these tasks? How?
3. Do these arrangements change on weekends?

D-I. Food Procurement

Ask if participant makes shopping lists. Ask if respondent can provide a receipt of most recent trip, or ask her to save receipt from the next trip

1. Do you ever describe food in terms of it as “good food” and “bad food”? Can you give me a few examples of each?
 - a. Do you or your family eat any of these items? Why or why not?
2. General questions about food shopping:
 - a. Where do you usually go to shop for food? Which store(s)? Are they all in your neighborhood?
 - b. How often do you do your food shopping?
 - ii. Do you buy food in bulk or small amounts? Why?
 - iii. Which food items do you ALWAYS buy when you do a major shopping trip?
 - iv. What other food items do you sometimes get?
 - c. What do you like about [store name mentioned in C-I 1a]? Is there anything you dislike about it?
 - d. Are there other stores in the neighborhood where you shop for food?
 - e. Do you go to the store alone or do you go with your children/friends/other family?
 - f. How much time does it usually take for you to do your grocery shopping?
 - g. Do you sometimes forget to pick up certain items? What do you do when that happens?

Prompt: do you borrow from a neighbor or family member?
 - h. What do you do to make sure you have enough food every month?
 - v. Ask if she makes a grocery budget, shopping lists, clip coupons, look for sales, or use other strategies.
7. When you come home from the grocery store, where do you store the food? (Ask respondent to point out food storage places, look for presence of freezer or refrigerator, etc).
8. Sometimes people run low on cash and they go to food pantries to pick up essential items or borrow from friends and relatives. Have you experienced that? Where would you turn to for food if you don't have enough money?

Prompts: do you go to friends/neighbor/family, shelters, pantries. etc

- a. How many times have you had to use emergency food assistance or other similar services in the last 6 months?
 - b. How do you get to X food pantry/soup kitchen?
 - c. Who first told you about these places?
9. Do you ever come close to running out of food?
- d. What do you do when that happens?
 - e. How does it make you feel?
 - f. Do you explain the situation to your children?

The following questions are about farmers markets or other direct farmer-consumer sales outlets such as farm stands and community-supported agriculture.

10. You and I first met at the ____ farmers market / ____ farm stand in ____ neighborhood, and I would like to ask you some questions about the your experience shopping at these places.
- a. Tell me about your overall impression of this market/farm stand.
 - b. Can you tell me how long you have been buying food at X market? (ask respondent FOR SPECIFICS, for example, what's purchased, how often, what season(s), what means of transportation)
 - c. Who first told you about this market?
 - d. Do you have a regular market time? For example, do you go right at the start of market time or do you go just before the market closes?
 - e. Everyone has a different shopping strategy; some people only go to their favorite stands while others walk around before making their purchases – what about you? What are your shopping strategies?
 - f. Which stands do you usually go when you go to the market? Why?
 - g. Do you go to the market by yourself? With friends/family/neighbors?
 - a. Have you recommended the market to your family and friends? Why or why not?
 - h. What do you like about this market?

Prompt: timing, location, price, selection, social environment, etc.
 - i. What do you like the least about it?
 - j. If there is something else you can change about this market, what would it be and why?
11. The last time you went to the farmers market/farm stand, did you use your SNAP or WIC benefits at the market? How do you use your benefits?
- a. When you used your benefits, did you receive extra money (Baltimore Bucks) that could be used to buy extra fruit and vegetables? Do you remember how much you received?
 - b. If you received the extra money, how much more fruit and vegetables were you able to buy for your family on the last market trip? Do you remember how many meals or days did the vegetables last?
 - c. Would you still shop at the market if you didn't receive the extra money for fruit and vegetables? Why or why not?
12. How would you compare the fruits and vegetables you purchase at the farmers' market with the ones you purchase at the supermarket?

Depending on the response, the follow up questions may be asked: Can you describe what good quality means to you? What about the price of food at the market versus supermarkets?

13. Do you talk to your vendor or other shoppers at the market? Why or why not?
 - a. Do you purchase very different items from regular stores than you do at the farmers' market or farm stand?
 - b. How would you compare the experiences of shopping at this farmers market/farm stand as opposed to the other stores you usually go to buy groceries?
 14. Do you know when your preferred farmers' market is open each year?
 - g. Where do you go to purchase fruit and vegetables when the market isn't open?
 - h. Do you notice difference in your diet, for example, how much fruit and vegetable you eat outside the market season? *Will ask this question both during and outside market season.*
 15. If you had the authority/power and money to improve the food outlets in this neighborhood, what would you do to make it better to suit your needs?
 - a. Prompt a few options – ask what type of marketplace are preferred (Lexington market? A big supermarket? More vendors at farmers market?)
 - b. What kinds of food do you think people in your neighborhood want but can't get/find?
 16. What does the term "local food" mean to you?
 - a. Follow-up: Does it matter to you where your food was grown and came from?
 - b. What about how it was grown (use of pesticides, fertilizers)
 17. Does the type of market place make a difference to you in how you shop for food? (may also ask during observations)
- Questions to be repeated during and outside market seasons:**
18. How often do you buy fresh fruit and vegetables?
 - a. How long before you run out of fresh fruit and vegetables and have to shop again?
 19. How would you describe the ideal place for you to do your grocery shopping? What factors are important to you? (prompts: price, friendliness of people, predictability of products... etc)

D-II. Cooking Routines on a typical day

The questions will framed around "typical weekday" experience

1. Who would you say does most of the cooking at home?
2. How often do you (or someone else) cook at home?
 - a. Do you like to cook? What are some of the reasons you cook at home?
3. Meal Routines (Breakfast/lunch/dinner)
 - a. On a normal day, what time do you and your children have breakfast/lunch/dinner?
 - b. Can you tell me what you usually have for breakfast/lunch/dinner?
 - c. How long does it usually take for you to put a meal together?
 - d. Who cleans up after breakfast/lunch/dinner?

4. Some of us have some go-to dishes that we will cook over and over again; for example, I like to make rice and beans when I am short on time or ideas because I know the recipe well. What are your go-to dishes?
 - a. Why do you cook them?

Prompt: Is it because it's ready very quickly? That you are familiar with the recipe? That it tastes good?
 - b. How long have you been cooking the particular items?
5. Do you like to learn to cook new dishes? What was the last new dish you learned to cook and where did you learn about it?
6. How do you decide what to cook each week or day? What are some important factors that influence your decisions about what to prepare?

Prompt: taste, preferences, time, money, and ask respondent to elaborate.

D-III. Food Consumption Patterns (Responses to be contrasted with observations notes)

Interview responses about food consumption preferences and patterns will be analyzed in the context of household economic and structural factors.

Now I would like to ask you some questions about your family's food consumption patterns.

1. What are your own favorite foods? What are your children/spouse's favorite foods?
 - a. Where do you buy them? How often do you have them?
2. How would you describe your own eat habits? How about your children?

Prompt: types of food, regular meal times vs. snacking throughout the day.
3. Some parents are very strict about what their children eat, while others are more relaxed about their children's eating habits. How would you describe your self in this sense?
 - a. If strict: how do you make sure that your children are eating what you ask them to eat? What do you do if they refuse?
 - b. Tell me about the last time that your child asked for a particular food or snack and you didn't give it to them.
4. What is the most important meal of the day or week in your family?
 - a. Do you eat together during this particular meal? Where do you eat? If you don't all eat together during this meal, can you tell me why?
 - b. What makes this particular meal important or special?
5. Do you or others in the family have health problems such as diabetes, high blood pressure, or dental problems that may affect your diet?
 - a. How does that impact the way you shop/eat?
6. How would you describe a healthy diet?
 - a. Where did you learn about this nutrition information?
7. Would you say you have a healthy diet? What about everyone else in this house?
8. When was the last time you have had to throw away food because it was bad or no one would eat it?
 - a. How often does that happen?
 - b. Do you know why that happens?
7. Instead of cooking at home, do you sometimes go out to restaurants or buy meals that are prepared by restaurants or others?

- a. How often do you do that?
- b. What is your family's favorite restaurant or take out place?
- c. What do you like about it?

E-I. Role of other household members in shaping foodwork

The questions in this section are designed to tap into how other household members influence the way primary caregivers carry out foodwork. The responses may also shed light on how the caregivers themselves view their role as providers/mothers/partners.

1. Some people say that women control the diet of their family members, do you agree or disagree with that statement?
 - a. Can you tell me why?
2. Did you change the way you ate when you first became pregnant?
 - a. Why and in what way?
 - b. Where were you getting nutrition advice from during that time? (WIC, family members, TV, internet)
3. When you shop for food, how important are the preferences of yourself, your children, your partner and other household members? In what way?
4. Where do your children get breakfast/lunch/dinner on a regular weekday/during the school year/summer?
 - a. Can you tell more about what they eat at ____ place?
 - i. Some parents will know exactly what their kids are eating at school and others will have no idea what/if their child eats at school, what are your thoughts on school food?
 - b. What about during the summer when school is out?
 - a. How else do your children get food outside the home? (possible prompts: Church, friends, after-school programs...)
5. Are there differences in how you prepare food on weekends compared to weekdays?
6. Do you share meals with people other than your own family (you, your spouse/partner, and children) For example, your parents? Your cousins? Your co-workers?
 - a. In these situations, who does the planning, shopping, and cooking?
7. Can you tell me what your holiday meals are like? What do you make for Christmas, Thanksgiving, birthdays... etc?
8. How important are family food traditions to you?
 - a. Can you describe a few of those in your family as you were growing up?
 - b. What about your own family? Do you try to teach your children the same food traditions or do you invent something new?
Prompts: do you teach boys and girls similar things (**should pay attention to any gendered differences during observations**)
9. Do the men/boys in your life help you with foodwork?
 - a. Do you ask them to or do they volunteer?
 - b. What do they do?

E-II. Experience with Food Assistance Programs

The study participants are intimately familiar with food assistance programs, this set of questions tap into participants' views and opinions of food assistance programs.

1. Can you describe the process of getting on WIC/SNAP for me? (e.g. Who helped you apply for benefits, which offices did you go to? How long before you actually receive benefits?
2. How important is the ____ program to your family? How does it help you feed your children?
 - a. Would you change anything about the program to better serve your food needs?
3. Would you shop for food differently if you were not receiving ____ food assistance? If so, in what way?
4. **Ask those who have been receiving food assistance for a long time:** Do you think Food Stamp/SNAP/WIC benefits and emphasis have changed over time? If so, in what way? Can you tell me some examples?
5. Do you think it is the role of the government to make sure that everyone has enough to eat and that the food is safe and nutritious?
 - a. What else do you think the government can do to help you and your family in getting a more nutritious diet?
6. What would you describe as the greatest barriers for you to purchase and provide the food that you want to give to your family?

Curriculum Vitae

WEI-TING CHEN

Born: May 17, 1981
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Education

- 2008 – Present Johns Hopkins University, Baltimore, MD
Ph.D. Candidate in Sociology (Expected 08/2014), Advisor: Dr. Andrew J. Cherlin
Dissertation: “Private Dinners, Public Families: Low-Income Mothers’ Accounts of Family Foodwork”
This dissertation examines how social consumption norms, adverse childhood experiences, and economic activity-related time scarcity shape low-income mothers’ family feeding practices.
Readers: Dr. Andrew J. Cherlin (Sociology) & Dr. Katherine C. Smith (Public Health)
- 2010 Johns Hopkins University, Baltimore, MD
M.A. in Sociology, Advisor: Dr. Andrew J. Cherlin
- 2005 University of California at Davis, Davis, CA
B.A. Political Science (Honors) and Sociology (Highest Honors)
Honors Thesis: For the Kids? What Families Have and Have not Gained from the California Work Opportunity and Responsibilities to Kids (CalWORKS) program
- 2002 Foothill College, Los Altos Hills, CA
A.A. Political Science

Research Interests

Family and Social Policy, Sociology of the Family, Medical Sociology, Food Studies

Research Experience

- 06/12 - Present Student Investigator, *Women and Foodwork Study*, Johns Hopkins University
Conducted longitudinal ethnographic observations and in-depth interviews with low-income mothers about food security and family foodwork.
- 05/10 - Research Assistant, Center for A Livable Future, Johns Hopkins

present	University Conducted literature review of community food security (CFS) research and translated scientific findings for practitioners and the general public. Conducted literature review of peer-reviewed farm to school research and contributed to the development of annotated farm to school bibliography. Surveyed food stamp recipients at Baltimore farmers markets.
09/08 – 06/12	Research Assistant, Dr. Andrew Cherlin, Johns Hopkins University Identified marriage, cohabitation, and reproductive patterns of men and women of diverse demographic and socioeconomic backgrounds.
01/10 – 08/10	Researcher, Baltimore Education Research Consortium (BERC), Baltimore, MD Collected classroom observation data as a certified observer using the University of Virginia’s Classroom Assessment Scoring System (CLASS). Analyzed school district data to identify high-school drop out early indicators.
01/09 – 01/10	Research Assistant, Dr. Lingxin Hao, Johns Hopkins University, Baltimore, MD Analyzed post-secondary educational trajectories of immigrant students, focusing on how school relational attributes shape student educational outcomes.
09/04 – 04/05	Student Researcher, Sociology Honors Thesis, UC Davis, Davis CA Designed and conducted original qualitative study to examine low-income families’ survival and mobility strategies in the age of welfare reform.
01/04 – 03/04	Intern, American Bar Association Center on Children and the Law, Washington DC Conducted literature review and designed surveys for child welfare practitioners to assess the effects of the Adoption and Safe Families Act on prisoner family reunification.

Teaching Experience

Johns Hopkins University

01/12	Instructor, “Be More Organic, Be More Local: Growing Food and Building Communities in Cities.” Designed and taught week-long intensive course examining urban agriculture projects from environmental, public health and sociological perspectives.
02/11-05/11	Teaching Assistant, “Sociology Quantitative Research Practicum.” Produced STATA tutorials and led data analysis workshops for undergraduate sociology majors.

Advised students on research design, data analysis and manipulation, and presentation of findings.

09/10 – 12/10 Teaching Assistant, “Introduction to Sociology.”
Led weekly discussions and graded critical thinking writing assignments. Instructional tools included presentations, news articles and short films.

Publications

Palmer, Anne; **Chen, Wei-ting**; Winne, Mark. Forthcoming. “Community Food Security.” In Roni Neff (ed.) *Introduction to the US Food System: Public Health, Environment and Equity*. San Francisco, CA: Jossey-Bass.

Ritchie, Stephanie; **Chen, Wei-ting**. 2011. “Farm to School: A Selected and Annotated Bibliography.” Special Reference Briefs Series no. SRB 2011-02. USDA, National Agriculture Library. Beltsville, MD.

Manuscripts in Preparation

Chen, Wei-ting. “Becoming a Good mother: How Low-Income Mothers Use Food Consumption Decisions to Construct the Good Mother Identity” (*under review*)

Chen, Wei-ting; Clayton, Megan, Palmer, Anne. *Community Food Security in the United States: An Updated Survey of Scientific Literature (manuscript in preparation)*. To be distributed by the Center for a Livable Future.

Presentations

Chen, Wei-ting. 2014. “Pushing Back and Giving In: Family Foodwork, Maternal Empowerment, and the Reproduction of Social Inequality.” 2014 Eastern Sociological Society Annual Meeting, Baltimore, MD.

Chen, Wei-ting. 2013. “Constructing Maternal Identity through Foodwork: Experience of Low-Income Women After Welfare Reform” 2013 American Sociological Association Annual Meeting, New York, NY.

Chen, Wei-ting. 2013. “Private Dinners, Public Families: Low-Income Mothers’ Accounts of Family Foodwork.” Center for Food Safety and Applied Nutrition, US Food and Drug Administration, College Park, MD (*Invited talk*).

Chen, Wei-ting. 2013. “It’s Not Easy: Family Foodwork in the Age of Welfare Reform.” Department of Sociology Program on Social Inequality Brown Bag Series, Johns Hopkins University, Baltimore, MD

Chen, Wei-ting. 2013. “It’s Not Easy: Family Foodwork in the Age of Welfare Reform.” Food Studies Mini Conference at the Eastern Sociological Society Annual Meeting, Boston, MA.

Chen, Wei-ting. 2012. “Effects of High School Wellness Programs on Weight Status and Physical Activity Level during Adolescence and Transition to Adulthood.” Southern Sociological Society Annual Conference, New Orleans, LA.

Hao, Lingxin and **Chen, Wei-ting.** August 2010. “Time to College Entry and Bachelor's Degree: Effects of Precollege Factors.” American Sociological Association Annual Meeting, Atlanta, GA.

Awards & Grants

2014	Graduate Student Conference Travel Award, Eastern Sociological Society
2013	Travel and tuition award, New Economics Summer Institute, Johnson Foundation at Wingspread
2013	Center for a Livable Future - Lerner Doctoral Fellowship, Center for a Livable Future, Johns Hopkins University (stipend, research funding and partial tuition)
2013	Rachel S. Core Award for Outstanding Service to Johns Hopkins Homewood Graduate Community
2013	Community Engaged Scholar Student Award, Center for Social Concern, Johns Hopkins University
2012	Center for a Livable Future -Lerner Doctoral Fellowship, Center for a Livable Future, Johns Hopkins University (stipend, research funding and partial tuition)
2004	UC Davis Summer Undergraduate Research Fund

Departmental Service & Community Engagement

08/11 – 08/13	Founder, Blue Jay’s Perch Community Garden, Johns Hopkins University
05/10 – 08/13	Co-Chair, The Graduate Environmental Network, Johns Hopkins University
09/10 – 06/11	Graduate Student Liaison to Sociology Department Chair
06/09 – 08/09	Teaching Fellow, Urban Farming Camp, Baltimore City Parks and Recreation YouthWorks program
09/08 – 05/09	Department Representative, Graduate Representative Organization

Research & Computing Skills

Qualitative: in-depth interviews, participant observation, survey design & administration, photo elicitation, MAXQDA (advanced)

Quantitative: OLS regression, categorical and panel data analyses, hazard models, large and small datasets, STATA (advanced), SPSS (intermediate)

Languages

English (fluent); Mandarin Chinese (native speaker); French (beginner)